

REQUEST FOR (OIL) - (~~GAS~~) ALLOWABLE

~~NEW~~
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Jal, New Mexico
(Place)

4-4-63
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Westates Petroleum Company (Company or Operator) Carlson B. L. (Lease), Well No. 2, in SW 1/4 NW 1/4,

E, Sec. 1, T. 25S, R. 37E, NMPM, North Justis Pool

Lea

County. Date ~~5-1-63~~ 2-1-63 Workover Date ~~5-1-63~~ Completed 2-27-63
Elevation 3129 Total Depth 5100' FBTD Same

Please indicate location:

Top Oil/Gas Pay 4700' Name of Prod. Form. Glorietta
PRODUCING INTERVAL - 4900'-04'; 4922'-24'; 4948'-60'
Perforations 4913'-19'; 4930'-36'; 4968'-80'; 4824'-32' 2/per ft.
Open Hole Depth Casing Shoe 5098' Depth Tubing 4382'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 10 bbls. oil, 24 bbls water in 24 hrs, 0 min. Size None

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):

12,000 gal. reg. acid 5000# sand.

Casing Tubing Date first new

Press. 0 Press. 3000# oil run to tanks 3-13-63

Oil Transporter Texas New Mexico Pipe Line Company

Gas Transporter El Paso Natural Gas Company

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

SW 1/4 NW 1/4 Sec. 1

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	969	400
5 1/2	3397	300
4	1891	85

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19_____

Westates Petroleum Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

By: _____

Title Production Superintendent

Title _____

Send Communications regarding well to:

Name Westates Petroleum Company

Address Box 55, Jal, New Mexico