

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

New Well
~~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.

Hobbs, New Mexico

February 21, 1963

(Place)

(Date)

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

Bogle Farms, Inc. El Paso Natural Gas Federal, Well No. 2, in SW $\frac{1}{4}$ NE $\frac{1}{4}$,

(Company or Operator)

(Lease)

G

Sec. 13

T. 26 S

R. 36 E

NMPM,

Jalmat

Pool

Unit Letter

Lea

County. Date Spudded 1/9/63

Date Drilling Completed 1/19/63

Please indicate location:

Elevation 2951 DF

Total Depth 3371 PBD 3215

Top Oil/Gas Pay 3203

Name of Prod. Form. Seven Rivers

PRODUCING INTERVAL -

Perforations 3203-05

Open Hole _____ Depth _____ Casing Shoe 3371 Depth _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 33 bbls. oil, 1060 bbls water in 24 hrs, no min. Choke Size swab

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	374	275
5 1/2	3371	175

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): 500 gal regular acid

Casing Press. pkr Tubing Press. 750 Date first new oil run to tanks February 16, 1963

Oil Transporter Shell Pipe Line Corporation

Gas Transporter None

Remarks: _____

Deviation survey on reverse side.

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

Approved _____, 19_____

Bogle Farms, Inc.

(Company or Operator)

By: H. L. Smith
(Signature)

OIL CONSERVATION COMMISSION

By: _____

Title Agent
Send Communications regarding well to:

Title _____

Name Bogle Farms, Inc.

% OIL REPORTS & GAS SERVICES

Address BOX 763 HOBBS, NEW MEXICO

Deviation Surveys:

<u>Depth</u>	<u>Degrees</u>
150	1/4
658	1/2
1139	1 3/4
1518	1 1/2
2090	1 3/4
2804	2 1/2
2922	2 1/2
3350	3 3/4

I do hereby certify that the above information was furnished me by U.S. Bullock, Production Superintendent, Bogle Farms, Inc. February 20, 1963.

W. L. Smith

W. L. Smith

Subscribed and sworn to before me this 20th day of February, 1963.

W. L. Smith

Notary Public in and for Lea County, New Mexico

My Commission expires 12/20/65