

NE EXICO OIL CONSERVATION COM ION
Santa Fe, New Mexico

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 QUADRUPLICATE 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Carlsbad, New Mexico April 30, 1954.
(Place) (Date)

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

O. H. Randel, State #3, Well No. State #3, in SE 1/4 NE 1/4,
(Company or Operator) (Lease)

H. Sec. 2, T. 17S, R. 30E, NMPM, Square Lake Pool
(Unit)

Eddy County. Date Spudded March 1st, 1953 Date Completed April 29, 1954.
for deepening

Please indicate location:

Elevation..... Total Depth 3181....., P.B.....

Top oil/gas pay..... Top of Prod. Form 3158'

Casing Perforations:..... or

Depth to Casing shoe of Prod. String 2440'

Natural Prod. Test 6 BBls oil per hour BOPD

based on..... bbls. Oil in..... Hrs..... Mins.

Test after acid or shot Hydraulic 6 BBls. CPH BOPD

Based on..... bbls. Oil in..... Hrs..... Mins.

Gas Well Potential.....

Size choke in inches 1 1/4" bottom hole choke. Packer in bottom set at 3120'

Date first oil run to tanks or gas to Transmission system: May 1, 1954

Transporter taking Oil or Gas: Continental Pipe Line Company.

Casing and Cementing Record

Size Feet Sax

85/8	558	50
7"	2440'	100

Remarks: Well deepened from 3078 to 3181'

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

Approved....., 19.....

OIL CONSERVATION COMMISSION

By: P. A. Johnson

Title.....

O. H. Randel,
(Company or Operator)By: [Signature]
(Signature)

Title Operator.

Send Communications regarding well to:

Name P. O. Box 88, Carlsbad, N. M.

Address.....