

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

Hobbs, New Mexico

July 5, 1957

(Place)

(Date)

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

Magnolia Petroleum Co. A. R. Haley

Well No. 1, in SE $\frac{1}{4}$ SE $\frac{1}{4}$,

(Company or Operator)

(Lease)

P

Sec. 13

T. 8S

R. 34E

NMPM., Milnesand Perm

Pool

Unit Letter

Roosevelt

County. Date Spudded 4-24-57

Date Drilling Completed 6-28-57

Please indicate location:

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

A.R. Haley #1
660'
660'

Elevation 4235 G.L.

Total Depth 9242 PBD 9240

Top Oil/Gas Pay

Name of Prod. Form. Bough "C" (Perm.)

PRODUCING INTERVAL -

Perforations C86-9216-9230

TB6 Perfs. 9231-9235

Open Hole

Depth 9242 Casing Shoe 9242 Depth 9235 Tubing

OIL WELL TEST -

Natural Prod. Test: NOT TESTED NATURAL bbls. oil, bbls. water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 188 bbls. oil, No bbls. water in 24 hrs, min. Size 11/64" Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Size
<u>10-3/4"</u>	<u>444</u>	<u>400</u> <u>Circ.</u>
<u>7-5/8"</u>	<u>4780</u>	<u>1850</u>
<u>5-1/2"</u>	<u>Liner</u> <u>FR. 4875'</u> <u>to 9242'</u>	<u>300 Top</u> <u>150 Bottom</u>
<u>TB6.</u> <u>2"</u>	<u>9235</u>	<u>Not</u> <u>Cemented</u>

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): Acidized with 4000 Gal. 15% LST (2 Stages)

Casing Tubing Date first new Press. 500# Press. 1900# oil run to tanks 7-2-57

Oil Transporter Magnolia Pipeline Company

Gas Transporter

Remarks: Gas 272.7 MCF/PD

GOR 1451/1

Gravity 48.5° API 60°

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

Approved _____, 19____

MAGNOLIA PETROLEUM COMPANY
(Company or Operator)

OIL CONSERVATION COMMISSION

By: C. T. Evans
(Signature)

By: _____

Title: DISTRICT PETROLEUM ENGINEER

Send Communications regarding well to:

Title _____

Name: C. T. Evans

Address: Box 2406, Hobbs, New Mexico.