

# REQUEST FOR (OIL) - (GAS) ALLOWABLE

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  
(Place)

August 31, 1961  
(Date)

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

El Chorro Exploration, Inc. A. R. Haley, Well No. 2, in NW 1/4 SE 1/4,  
(Company or Operator) (Lease)

J, Sec. 13, T. 8S, R. 34E, NMPM., Undesignated Pool  
Unit Letter

Recompleting

County. Date Spudded 8/17/61 Date Drilling Completed 8/29/61  
Elevation 4255 KB Total Depth 9275 PBD 4693

Please indicate location:

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

Top Oil/Gas Pay 4500 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4530-4572  
Open Hole Depth Casing Shoe 9275 Depth Tubing 4478

OIL WELL TEST -

Natural Prod. Test: 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 Choke load oil used): 71 bbls. oil, 3 bbls water in 24 hrs, no min. Size 32/64

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): 2000 gal 15% MCA & 1000 gal 15% NE

Casing Tubing Date first new Press. Pkr Press. 250 oil run to tanks 8/29/61

Oil Transporter The Permian Corporation

Gas Transporter none

Remarks:

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

Approved, 19

El Chorro Exploration, Inc.

(Company or Operator)

By: (Signature)

Title Agent

Send Communications regarding well to:

Name El Chorro Exploration, Inc.

% OIL REPORTS & GAS SERVICES

Address BOX 763 HOBBS, NEW MEXICO

OIL CONSERVATION COMMISSION

By:

Title