

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 September 18, 1957
(Place) (Date)

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

Magnolia Petroleum Company A. R. Haley, Well No. 2, in NW $\frac{1}{4}$, SE $\frac{1}{4}$,
(Company or Operator) (Lease)

J, Sec. 13, T. 6-S, R. 34-E, NMPM, Milnesand Penn. Pool
Unit Letter

Roosevelt

County. Date Spudded 7-5-57 Date Drilling Completed 9-12-57

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	1980	P

Elevation 4243 G. L. Total Depth 9275 PBD 9273

Top Oil/Gas Pay 9222 Name of Prod. Form. Penn (Bough "C")

PRODUCING INTERVAL -

Perforations 9258 - 9268

Open Hole _____ Depth _____
Casing Shoe 9275 Tubing 9272

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): 238 bbls. oil, 0 bbls water in 24 hrs, _____ min. Size 12/64

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): 1000 Gal. 15% IST Acid

Casing Tubing 6000 Date first new
Press. Pkr. Press. 900 oil run to tanks 9-13-57

Oil Transporter Magnolia Pipeline Co. Via Transport to Crossroads Sta.

Gas Transporter _____

Tubing, Casing and Cementing Record

Size	Feet	SAR
<u>10-3/4</u>	<u>435</u>	<u>425</u> <u>Circ.</u>
<u>7-5/8</u>	<u>4790</u>	<u>2300</u> <u>Circ.</u>
<u>5-1/2"</u>	<u>4701 on</u>	<u>300 Top</u>
<u>Liner</u>	<u>bottom</u>	<u>210 bottom</u>

Remarks: T. P. = 750 PSIG

Gravity = 47° @ 60° F

OR = 1119/1

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

Approved _____, 19____

OIL CONSERVATION COMMISSION

By [Signature]

Title _____

MAGNOLIA PETROLEUM COMPANY

(Company or Operator) ORIGINAL SIGNED BY

By: C. T. Evans C. T. EVANS
(Signature)

Title: District Petroleum Engineer
Send Communications regarding well to:

Name: MAGNOLIA PETROLEUM COMPANY

Address: Box 2406, Hobbs, New Mexico