

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
(Place)

September 18, 1963
(Date)

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

El Chorro Exploration, Inc. **D. Haffelfinger** Well No. 7, in NW $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

B, Sec. 18, T. 8 S, R. 35 E, NMPM, Milnesand-San Andres Pool
Unit Letter

Roosevelt County. Date Spudded 8/19/63 Date Drilling Completed 8/26/63

Please indicate location:

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

660/N & 1980/E

Tubing, Casing and Cementing Record

Size	Feet	S&W
8 5/8	362	225
4 1/2	4720	200
2 3/8	4687	

Elevation 4246 DF Total Depth 4720 PBTD 4690

Top Oil/Gas Pay 4581 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4581-4602, 4615-40

Open Hole _____ Depth _____ Casing Shoe 4720 Depth _____ Tubing 4687

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): 165 bbls. oil, trace bbls water in 24 hrs, no min. Choke Size Pump

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): See remarks

Casing _____ Tubing _____ Date first new _____
Press. 3300# Press. _____ oil run to tanks 9/16/63

Oil Transporter See remarks

Gas Transporter See remarks

Remarks: Treated with 1,000 gal 15% DS-30 acid, 20,000 gal lsc crude, 20,000# sand, 500# admite.

Deviation surveys on reverse side.

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: A. L. Smith
(Signature)

OIL CONSERVATION COMMISSION .

By: [Signature]

Title _____

Title Agent

Send Communications regarding well to:

Name El Chorro Exploration, Inc.

% OIL REPORTS & GAS SERVICES

Address BOX 763 HOBBS, NEW MEXICO

DEVIATION SURVEYS:

Depth Degrees

365	1/4
2065	1/4
2885	1/4
3516	3/4
3858	3/4
3890	1
4210	1/4

I do hereby certify that the above information was taken directly from the Daily Drilling Reports and is true and correct to the best of my knowledge.

W. L. Smith
W. L. Smith

Subscribed and sworn to before me this 18th day of September, 1963.

Edward A. Mink
 Notary Public in and for
 Lea County, New Mexico

My commission expires _____
 My commission expires _____