

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

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)

May 22, 1963
(Date)

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

El Chorro Exploration, Inc. Jacobs Federal Ac. 2 Well No. 9, in SW 1/4 NW 1/4,
(Company or Operator) (Lease)

E 19, T 8 S, R 35 E, NMPM, Undesignated (Milnesand-San Andres)
Unit Letter

Roosevelt

Please indicate location:

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

1980/N & 624.3/W

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	358	225
4 1/2	4740	200
2 3/8	4718	

County Date Spudded 4/24/63 Date Drilling Completed 5/2/63
Elevation 4247.5 KB Total Depth 4750 PSTD 4703

Top Oil/Gas Pay 4610 Name of Prod. Form. San Andres

PRODUCING INTERVAL - 4672-79, 4682-88.

Perforations 4610-16, 4622-26, 4628-32, 4634-46, 4663, 4666-68,

Open Hole Depth 4710 Casing Shoe 4710 Depth 4718 Tubing

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): 212 bbls. oil, 3 bbls water in 24 hrs, no min. Choke 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): 1,000 gal 15% DS-30 acid, 20,000 gal ref. oil, 20,000# sand

Casing 4200 Tubing Date first new 5/21/63
Press. _____ oil run to tanks

Oil Transporter Magnolia Pipe Line Company

Gas Transporter Sinclair Oil & Gas Company

Remarks:

Deviation survey 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: _____

Title Agent
Send Communications regarding well to:

Title _____

Name El Chorro Exploration, Inc.

% OIL REPORTS & GAS SERVICES

Address BOX 763 HOBBS, NEW MEXICO

DEVIATION SURVEY:

Depth	Bearings
365	3/4
1800	3/4
2731	1 1/4
3463	3/4
3895	1 1/2
4355	1/2
4693	1/2

I do hereby certify that the above information was taken directly from the Daily Drilling Reports prepared by Verna Drilling Company while drilling Jacobs Federal Ac. 2 No. 9, and is true and complete to the best of my knowledge.

W. L. Smith
W. L. Smith

Subscribed and sworn to before me this 22nd day of May, 1963.

Notary Public in and for
 Lea County, New Mexico

My commission expires 12/20/65.