

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-901 is 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 March 31, 1959

(Place)

(Date)

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

Ambassador Oil Corp. N. Caprock Qa Unit #2 Tr 1, Well No. 22, in NE 1/4 NE 1/4,

(Company or Operator)

(Lease)

A, Sec. 1, T. 13S, R. 31E, NMPM, Caprock-Queen Pool

Unit Letter
Chaves

Please indicate location:

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

County. Date Spudded 3/11/59 Date Drilling Completed 3/17/59
Elevation 4398' Total Depth 3024' PBD 3024'

Top Oil/Gas Pay 3014' Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations

Open Hole 3011-3024' Depth 3011' Depth Tubing 3010'

OIL WELL TEST -

Natural Prod. Test: 2 bbls. oil, 0 bbls water in 24 hrs, min. Size -

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 5 bbls. oil, 0 bbls water in 24 hrs, min. Size ppag

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): 250 gal 15% HCL 125 bbl. oil

Casing Tubing Date first new Press. 1200# Press. 0 oil run to tanks 3/23/59

Oil Transporter Service Pipe Line Company

Gas Transporter None

Remarks: Cement circulated to surface behind 8-5/8" csg.

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

Approved _____, 19____

Ambassador Oil Corp.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Donald R. Layton

Project Supervisor

Send Communications regarding well to:

Box 9338 Ft. Worth, Texas

Name _____

Address _____