

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) ~~ALLOWABLE~~ ALLOWABLE

New Well
~~Recompleted Well~~

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.

Lovington, New Mexico August 19, 1958
(Place) (Date)

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

Amerada Petroleum Corporation STATE S "J", Well No. 3, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

N Unit Letter, Sec. 23, T-14-S, R-33-E, NMPM., Saunders Pool

Lea

Please indicate location:

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

Sec 23, T-14-S, R-33-E

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>13-3/8"</u>	<u>280'</u>	<u>250</u>
<u>8-5/8"</u>	<u>4169'</u>	<u>1500</u>
<u>5-1/2"</u>	<u>TOP</u> <u>4080'</u>	<u>200</u>
<u>LINER</u>	<u>9999'</u>	<u>600</u>

County. Date Spudded July 5, 1958 Date Drilling Completed August 11, 1958
Elevation 4196' DF Total Depth 10000' FBTD 9986'

Top Oil/Gas Pay 9754' Name of Prod. Form. Pennsylvanian

PRODUCING INTERVAL -

Perforations 9754' to 9758', 9769' to 9780', 9790' to 9800'

Open Hole _____ Depth _____
Casing Shoe 9999' Tubing 9870'

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): 353 bbls. oil, NO bbls. water in 24 hrs, 0 min. Choke Size 1 1/4"

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): Acidized w/1000 Gal 15% IST Western Acid

Casing _____ Tubing _____ Date first new _____
Press. N/A 0 Press. 0 oil run to tanks August 13, 1958

Oil Transporter Service Pipe Line Company

Gas Transporter _____

Remarks: COMPLETION TEST: Flowed 353 Bbls Oil, No Water 24 Hrs 1 1/4" Choke, TP 650#, GP 400#
Gas Vol 502,340 CFPD, GOR 14.22, Gravity 40.2 Corrected

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

Approved _____, 19____

OIL CONSERVATION COMMISSION

By: _____

Title _____

Amerada Petroleum Corporation
(Company or Operator)

By: R. L. Swenson
(Signature)

Title: Foreman
Send Communications regarding well to:

Name: Box 636, Lovington, New Mexico

Address: Amerada Petroleum Corporation