

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 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.

Lovington, New Mexico

(Place)

(Date)

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

Amerada Petroleum Corporation
(Company or Operator)

STATE S. N. J.
(Lease)

Well No. 4, in SW $\frac{1}{4}$ NW $\frac{1}{4}$,

E
Unit Letter

Sec. 23

T. 14-S

R. 33-E

NMPM.,

Saunders

Pool

Lee

County. Date Spudded August 17, 1958 Date Drilling Completed September 9-20-58

Please indicate location:

Elevation 4205' BP Total Depth 9950' PBD 9942'

Top Oil/Gas Pay 9768' Name of Prod. Form. Pennsylvanian

PRODUCING INTERVAL -

Perforations 9765'-9774' & 9787'-9791'

Open Hole _____ Depth _____
Casing Shoe 9949' Depth _____
Tubing 9784'

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): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size 16/64"

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): Acidized W/500 Gal. 15% LST Western Acid

Casing _____ Tubing _____ Date first new
Press. 1700 Press. 0 oil run to tanks 9-24-58

Oil Transporter Service Pipe Line Company

Gas Transporter _____

Remarks: Completion Test: Flowed 232 bbls Oil & 14 bbls water in 24 hrs on 16/64" Choke
TP 350# Gas Volume 286,870 Cu Ft. Per day, OOR 1237,
Qty. of Oil 40.3 Corrected.

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

Approved _____, 19____

Amerada Petroleum Corporation
(Company or Operator)

By: [Signature]
(Signature)

OIL CONSERVATION COMMISSION

By: [Signature]

Title Foreman

Send Communications regarding well to:

Title _____

Name Amerada Petroleum Corporation

Address Box 636 - Lovington, New Mexico