

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (~~NEW~~) ALLOWABLE

New 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 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

November 11, 1958

(Place)

(Date)

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

Amerada Petroleum Corporation State S. N. J., Well No. 5, in NW $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)

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

Lee County. Date Spudded October 6, 1958 Date Drilling Completed November 7, 1958

Please indicate location:

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

Elevation 4207' DP Total Depth 9986' FBTD 9975'

Top Oil/Gas Pay 9857' Name of Prod. Form. Pennsylvanian

PRODUCING INTERVAL -

Perforations 9857' to 9870'

Open Hole Depth Casing Shoe 9985' Depth Tubing 9725'

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): 247 bbls. oil, No bbls water in 15 hrs, 30 min. Choke Size Varicost
1 Hr 24/64", 2 Hr 18/64", 1 Hr 16/64", 4 Hr 14/64", 8 Hrs 12/64" Choke

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>13-3/8"</u>	<u>295'</u>	<u>250</u>
<u>8-5/8"</u>	<u>4154'</u>	<u>1500</u>
<u>LINER</u>		
<u>5-1/2"</u>	<u>9985'</u>	<u>600</u>
<u>LINER</u>		
<u>Top</u>	<u>4011'</u>	<u>-</u>

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% IST Western Acid

Casing Tubing Date first new Press. 500 Press. 1000 oil run to tanks NOVEMBER 10, 1958

Oil Transporter Service Pipe Line Company

Gas Transporter _____

Remarks: COMPLETION TEST: From 9:00 PM 11-10-58 to 5:00 AM 11-11-58, 8 Hours.
Flowed 82.66 Bbls Oil, No Water 8 Hrs, 12/64" Choke, TP 860#, Gas Vol 255,310 GPPD, GOR 1029,
Gravity 42 Corrected, - 24 Hour Rate 247.98 Bbls Oil Per Day.

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