

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (~~GAS~~) 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

(Place)

(Date)

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

Amerada Petroleum Corporation
(Company or Operator)

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

P Unit Letter, Sec. 29, T. 14-S, R. 33-E, NMPM., Spanders Pool

Lea

County. Date Spudded January 9, 1959 Date Drilling Completed February 16, 1959

Please indicate location:

Elevation 4234' BF Total Depth 10200' FETD 10108'

Top Oil/Gas Pay 9944' Name of Prod. Form. Pennsylvanian

PRODUCING INTERVAL -

Perforations 9944' to 9956', 9968' to 9976'

Open Hole Depth 10195' Casing Shoe 10195' Depth 9808' 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): 107.65 bbls. oil, 62.22 bbls. water in 12 hrs, _____ min. Choke 3/8-3/4"

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/500 Gal Special 15% LST Acid, Max PP 3000# Min 2400#

Casing _____ Tubing _____ Date first new

Press. 1200# Press. 0-50# oil run to tanks February 21, 1959

Oil Transporter Spanders Pipeline Co

Gas Transporter _____

Remarks: COMPLETION TEST: Swabbed & Flored 138.51 Bbls Oil, 96.58 Bbls Water, 18 Hrs Gas Vol 110,840 CFPD, GOR 600, Gravity 41.7 Corrected, 24 Hour Rate 184.68 Bbls Oil Per Day, Test from 3: PM 2-25-59 to 9:00 AM 2-26-59

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)

OIL CONSERVATION COMMISSION

By: [Signature]
(Signature)

By: [Signature]

Title: Foreman

Send Communications regarding well to:

Title _____

Name Amerada Petroleum Corporation

Address Box 636, Lovington, New Mexico

1970-1971

1972-1973

1974-1975

1976-1977

1978-1979

1980-1981

1982-1983

1984-1985

1986-1987

1988-1989

1990-1991

1992-1993

1994-1995

1996-1997

1998-1999

2000-2001

2002-2003

2004-2005

2006-2007