

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 J. E. STEVENS, Well No. 5, in NE $\frac{1}{4}$ SE $\frac{1}{4}$
(Company or Operator) (Lease)

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

Lea

Please indicate location:

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

Sec 33, 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>4159'</u>	<u>1500</u>
<u>5-1/2"</u>	<u>Top 4035'</u>	<u>200</u>
<u>Liner</u>	<u>10,021'</u>	<u>600</u>

County. Date Spudded August 20, 1958 Date Drilling Completed 9-23-58
Elevation 4212' DF Total Depth 10,022' PBD 10,012'

Top Oil/Gas Pay 9804' Name of Prod. Form. Pennsylvanian

PRODUCING INTERVAL - 9814'-9823' & 9854'-9868' & 9882'-9896' & 9936'-9954'

Perforations
Open Hole _____ Depth _____ Casing Shoe 10,021' Depth Tubing 9967'

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): 234 bbls. oil, 12 bbls water in 24 hrs, 0 min. Choke Size 2 1/2"

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): 1000 Gallons Western 15% LST Acid

Casing 400 Tubing 0 Date first new 9-29-58
Press. 400 Press. 0 oil run to tanks

Oil Transporter Service Pipe Line Company

Gas Transporter _____

Remarks: COMPLETION TEST: Flowed 234 bbls Oil-12 bbls water in 24 hrs on 2 1/2" Choke TP 150# Gas Volume 345,026 CFPD GOR 1477 Gty 42.2 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)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

By: _____

Title: Foreman

Send Communications regarding well to:

Title _____

Name: Amerada Petroleum Corporation

Address: Box 636, Lovington, New Mexico