

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 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.

Seminole, Texas

December 29, 1959

(Place)

(Date)

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

Amerada Petroleum Corporation - Federal "B" Well No. 2, in SE 1/4 NE 1/4,
(Company or Operator) (Lease)

H Sec. 11, T 13-S, R 38-E, NMPM, Bronco - Siluro Devonian Pool
Unit Letter Deepening Started Deepening

Lea County Date Started Oct. 19, 1959 Date Drilling Completed Dec. 8, 1959

Please indicate location:

R-38-E

D	C	B	A
E	F	G	H o #2
L	K	J	I
M	N	O	P

Sec. 11

Elevation 3810' DF Total Depth 11,850' FBTD

Top Oil/Gas Pay 11,802' Name of Prod. Form. Siluro Devonian

PRODUCING INTERVAL -

Perforations

T-38 Open Hole 11,812' Depth Casing Shoe 11,812' Depth Tubing

S OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 368.71 bbls. oil, 0 bbls. water in 15 hrs, 0 min. Size 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): 500 Gals. Halliburton 15% MCA Acid

Casing Tubing Date first new Press. 3700 oil run to tanks December 28, 1959

Oil Transporter Phillips Pipe Line Company

Gas Transporter Sinclair Oil & Gas Co., Products Plant #29

Remarks: 2-3/8" OD EUE Spangseal Tubing from 0' to 8474' and 2-1/16" OD Hydrill Tubing from 8474' to 11,832'.

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: *W.H. Duneap*
(Signature)

Title: District Superintendent

Send Communications regarding well to:

Name: Amerada Petroleum Corporation

Address: Drawer 817 - Seminole, Texas

By: _____

Title _____