

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Monument, New Mexico
(Place)November 25, 1952
(Date)

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

Amerada Petroleum Corporation **E.S. Adkins**, Well No. **2**, in **SW** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)
M, Sec. **5**, T. **20S**, R. **37-E**, NMPM, **Monument-Blinberry** Pool
(Unit)
Lea County. Date Spudded **9/18/52**, Date Completed **11/17/52**

Please indicate location:

R-37-E	
Section 5	
T 20S	
S	
. - #2	

Elevation **3567 D.F.** Total Depth **5712**, P.B. **-**Top oil/gas pay **5665** Top of Prod. FormCasing Perforations: **None (Open hole 5665' to 5712')** orDepth to Casing shoe of Prod. String **5665'**

Natural Prod. Test BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or shot **264.18** BOPDBased on **88.06** bbls. Oil in **8** Hrs. Mins.Gas Well Potential **Gas Vol., 187,690 cu ft p/d**Size choke in inches **1/2"**Date first oil run to tanks or gas to Transmission system: **November 23, 1952**Transporter taking Oil or Gas: **Gulf Refining Company**Casing and Cementing Record
Size **Set** Sax

13-3/8	297	225
9-5/8	2388	2000
7"	3710	300
* 5"	5665	160

Remarks: *** - 5" Csg. run as liner and squeezed top of liner w/875 Sx cement - Tested w/1500# - OK.**
Acidized open hole from 5665 to 5712' w/500 Gallons - Well flowed 88.06 bbl oil, .89 bbl water
in 8 Hrs on 1/2" Choke. T.P. 50#. GOR 710. Qty. 40.8 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: **D.C. Capps**
(Signature)Title **District Superintendent**

Send Communications regarding well to:

Name **Amerada Petroleum Corporation**Address **Drawer D, Monument, New Mexico**

OIL CONSERVATION COMMISSION

By: _____

Title _____