

REQUEST FOR ~~MONUMENT~~ - (GAS) ALLOWABLE

~~RECOMPLETION~~
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-104 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.

Monument, New Mexico
(Place)

Dec. 5, 1958
(Date)

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

Amerada Petroleum Corporation L. M. Lambert, Well No. 2, in SW 1/4 NE 1/4,
(Company or Operator) (Lease)
G, Sec. 6, T. 20S, R. 37E, NMPM, Monument Pool
Unit Letter

Lea

County. Date Spudded 6-1-36 Date Drilling Completed 7-13-36
Elevation 3580' Total Depth 3905' PBD 3714'

Please indicate location:

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

Top Oil/Gas Pay 3703' Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 3703' to 3713'
Open Hole - Depth - Casing Shoe - Depth Tubing 3709'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke
load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: 2,560 MCF/Day; Hours flowed 23 Choke Size -

Tubing, Casing and Cementing Record

Size	Set Ft	Sax
12 1/2"	202'	145
8-5/8"	2402'	750
6-5/8"	3816'	125

Method of Testing (pitot, back pressure, etc.): Back pressure

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):

Casing Tubing Date first new
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter Gulf Refining Co.

Gas Transporter Warren Petr. Corp.

Remarks: We request this well be reclassified from oil well to gas well.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: _____, 19 _____

Amerada Petroleum Corp.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

By: _____

Title Asst. Dist. Superintendent

Send Communications regarding well to:

Title _____

Name Amerada Pet. Corp.

Address Drawer "D" - Monument, NM