

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (~~COAL~~) ALLOWABLE

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.

Monument, N.M.

August 7, 1959

(Place)

(Date)

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

Amerada Petroleum Corporation State " Q " Well No. 1, in NW 1/4 SE 1/4,
(Company or Operator) (Lease)
J, Sec. 16, T. 20-S, R. 37-E, NMPM., Undesignated (Tubb) Pool

Loc.

County. Date Spudded 4-25-59

Date Drilling Completed 5-30-59

Please indicate location:

Elevation 3545' DP Total Depth 6938' PBTD 6550'

Top Oil/Gas Pay 6455' Name of Prod. Form. Tubb

PRODUCING INTERVAL -

Perforations 6455' - 6508'

Open Hole - Depth Casing Shoe - Depth Tubing 6421'

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 load oil used): 78 bbls. oil, 26 bbls water in 24 hrs, min. Size Choke Pumping

GAS WELL TEST - GOR 826.

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): 1,000 gals of 15% acid.

Casing Tubing Date first new 6-9-59
Press. Press. oil run to tanks

Oil Transporter Shell Pipe Line - Midland, Texas

Gas Transporter Warren Petroleum Corp. - Monument, N.M.

Remarks:

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: *John W. Kuyper*

By: *[Signature]*
(Signature)

Title Asst. District Superintendent
Send Communications regarding well to:

Title _____

Name Amerada Pet. Corp.

Address Drawer D - Monument, N.M.