

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

~~Reclassification~~
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.

3-20-61

(Place)

(Date)

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

Amerada Petroleum Corporation State "NM" Butterfield, Well No. 2, in NW $\frac{1}{4}$ SE $\frac{1}{4}$,

(Company or Operator)

(Lease)

J

Sec. 17

T. 20S

R. 37E

NMPM,

Monument

Pool

Unit Letter

Lea

County. Date Spudded. 4-25-37

Date Drilling Completed 5-25-37

Please indicate location:

Elevation 3530' DP Total Depth 3854' PBD 3725'

Top Oil/Gas Pay 3702' Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 3702' to 3718'

Open Hole - Depth - Casing Shoe - Depth 3702' Tubing

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: - MCF/Day; Hours flowed - Choke Size -

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

Test After Acid or Fracture Treatment: 671.170 MCF/Day; Hours flowed 24

Choke Size 1 1/2" Method of Testing: Flow test

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Sand oil fracture with 2500 gals.

Casing - Tubing 6500# Date first new - oil run to tanks -
Press. - Press. -

Oil Transporter Shell Pipeline

Gas Transporter Northern Natural Gas Co.

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 Corporation

(Company or Operator)

By: [Signature] (Signature)

Title: Asst. Dist. Superintendent

Send Communications regarding well to:

Name: Amerada Petroleum Corporation

Address: Drawer "D" - Monument, N.M.

OIL CONSERVATION COMMISSION

By: [Signature]

Title: -