

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.

Unice, New Mexico August 5, 1959
(Place) (Date)

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

Amerada Petroleum Corporation - J.G. Hare, Well No. 4, in SE 1/4 SW 1/4,
(Company or Operator) (Lease)

N 33 T 21-S R 37-E NMPM, Hare Pool
Unit Letter

Lea County. Date Spudded _____ Date Drilling Completed _____
Elevation _____ Total Depth 7938' PBD 7872'

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	<u>Sec. 33</u> <u>N</u>	<u>O</u>	P

Top Oil/Gas Pay 7375' Name of Prod. Form. McKee Zone

PRODUCING INTERVAL -

Perforations 7375'-7420'

Open Hole _____ Depth _____ Casing Shoe 7938' Depth _____ Tubing 7414'

OIL WELL TEST -

Natural Prod. Test: 157.94 bbls. oil, _____ bbls water in 12 1/2 hrs, _____ min. Size 14/64"
T-21

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

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>13-3/8"</u>	<u>230'</u>	<u>200</u>
<u>8-5/8"</u>	<u>2735'</u>	<u>1000</u>
<u>5-1/2"</u>	<u>7938'</u>	<u>500</u>

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): none

Casing _____ Tubing _____ Date first new
Press. _____ oil run to tanks 8-4-59

Oil Transporter Shall Pipe Line Co.

Gas Transporter Skelly Oil Co.

Remarks: Set Bridge Plug @ 7880' - Perforated 5 1/2" Csg. from 7375'-7420'
Flowed 157.94 bbls oil, no water in 12 1/2 hrs. on 14/64" choke, TP 800#, GPO#,
Gas vol. 460,510 cu ft gas p/d. GOR 1,883. - 24 hr. rate 244.56 bbls.

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: B.A. Moore
(Signature)

By: _____ Title Asst. Dist. Supt.
Send Communications regarding well to:

Title _____ Name Amerada Petr. Corp.

Address Box 706, Unice, New Mexico