

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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

~~XXXXXX~~
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 bbls at 60° Fahrenheit.

Monument, N.M.

February 9, 1959

(Place)

(Date)

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

Amerada Petroleum Corporation F. Turner Jr., Well No. 1, in SW 1/4, SW 1/4,
(Company or Operator) (Lease)

M, Sec. 17, T. 20S, R. 38-E, NMPM, Pool

Lea

County. Date Spudded.

Drilling Completed

12-14-58

Please indicate location:

Elevation 3566' DF Total Depth 9429' PBTD 9217'

Top Oil/Gas Pay 7362' Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations 7362' to 7372', 7400'-7410', 7435'-7449', 7538'-7566',

Open Hole - Depth 87574'-7600' Casing Shoe Tubing 8920'

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): 76.52 bbls. oil, 0 bbls water in 10 hrs, min. Size 3/4" Choke

GAS WELL TEST - Gas Vol. 62,957 CFPD, GOR 822, Gty. 38.9 corr.

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. 15% Non-emulsion acid

Casing Tubing Date first new Press. 2725# Press. 3000# oil run to tanks 12-14-58.

Oil Transporter Shell Pipe Line Co.

Gas Transporter Warren Petr. Corp.

Remarks:

(Well worked over and recompleted as an oil-oil dual. This form filed for Abo zone only.)

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

Approved, 19.

Amerada Petr. Corp.

(Company or Operator)

OIL CONSERVATION COMMISSION

By:

(Signature)

By:

Title Asst. Dist. Superintendent

Send Communications regarding well to:

Title

Name Amerada Petr. Corp.

Address Drawer D, Monument, N.M.