

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 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.

Eunice, New Mexico February 3, 1959
(Place) (Date)

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

Amerada Petroleum Corporation - State WE#J, Well No. 2, in NW/1/4 NW/1/4,
(Company or Operator) (Lease)

D, Sec. 11, T 22-S, R 35-E, NMPM., Jalmat Pool
Unit Letter

Lea

County. Date Spudded 1-3-59 Date Drilling Completed 1-14-59
Elevation _____ Total Depth 4025' PBTD 4018' DOD

Top Oil/Gas Pay 3877' Name of Prod. Form. Yates

PRODUCING INTERVAL -

T Perforations 3877'-3900', 3904'-07', 3912'-18', 3924'-38', 3946'-66'
S Open Hole 3978'-4008' Depth 4024' Depth 3877'
Casing Shoe None 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: _____ 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): 750 gal. acid, 20,000# sand, 20,000 gal. oil.

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 2-1-59

Oil Transporter Texas-New Mexico P.L. Co.

Gas Transporter flared

Remarks: Pumped 107.64 bbls oil, 8/10% BS & water, in 24 hrs. on 12-56" SPM, Gas Volume 23,369 cu. ft. gas p/d. GOR 217, Gvty. Corr. 32.9 - Test taken 2-1-59.

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: _____ Title Asst. Dist. Supt.

Title _____ Send Communications regarding well to:
Amerada Petroleum Corporation

Address Box 706, Eunice, New Mexico