

NEW MEXICO OIL CONSERVATION COMMISSION

P. O. BOX 2045

HOBBS, NEW MEXICO

DATE Feb. 23, 1962

TO:

RE: GAS WELLS

Amerada Pet. Corp.

This is:

Box 706

A New Gas Well ( )  
An Oil Well Converted to Gas ( )  
An Oil-Gas Dual (X)  
A Gas-Gas Dual ( )

Eunice, New Mexico

Gentlemen:

Form C-104 has been received on your State D "A" #1-L 16-21-37

Lease Well No. Unit S-T-R



But no allowable can be assigned this well until the following forms have been received:

And a 160 acre allowable will be assigned in the Eumont Ext. Pool under Order No. R-2134.

Form C-104 \_\_\_\_\_

Filed 1/12/62

Form C-110 \_\_\_\_\_

Filed 1/12/62

Form C-128 \_\_\_\_\_

Filed 1/22/62

NSP Order \_\_\_\_\_

Approved 12/13/61

Notice of Connection \_\_\_\_\_

Date of Connection 2/19/62

Deliverability Test \_\_\_\_\_

Filed Not Required

OIL CONSERVATION COMMISSION

  
Engineer, District 1

Original-Operator  
cc-File

Original-OCC, Santa Fe  
cc-File, Operator &  
Transporter--- **NN**

# 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.

**Eunice, New Mexico**

**1/11/62**

(Place)

(Date)

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

**Amerada Petroleum Corporation**

**State D<sup>MA</sup>**

**1**

**NW/**

**SW/**

Well No. ...., in. .... 1/4 .... 1/4,

(Company or Operator)

**21-S**

**(Lower) 37-E**

**Penrose Gas**

Pool

Sec.

T.

R.

NMPM.

Unit Letter  
Lea

County. Date Spudded

Date Drilling Completed

**6660' BOD**

Elevation **3470**

Total Depth

PBTD

Top Oil/Gas Pay **3552'**

Name of Prod. Form.

**Penrose**

Please indicate location:

D	C	B	A
E	F	G	H
<b>Section 16</b>			
<b>W1</b>	K	J	I
M	N	O	P

PRODUCING INTERVAL -

**3552'-3594'**

Perforations

Open Hole

Depth

Depth

Casing Shoe

Tubing

**T** OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of

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: **1,618** MCF/Day; Hours flowed **24**

Choke Size **2"** Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **10,000 gal. crude oil, 10,000# 20/40 sand**

Casing

Tubing

Date first new

Press.

Press.

oil run to tanks

Oil Transporter

**Northern Natural Gas Company**

Gas Transporter

**Dual Completion**

Remarks:

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

**Amerada Petroleum Corporation**

Approved: \_\_\_\_\_, 19\_\_\_\_\_

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **R.A. Mc...**

(Signature)

**Asst. Dist. Supt.**

Title

Send Communications regarding well to:

**Amerada Petroleum Corporation**

Name

**Box 706, Eunice, N.M.**

Address

By:

Title