

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.

Jal, N. Mex.

December 15, 1958

(Place)

(Date)

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

Jal Oil Company, Inc. Christmas

Well No. 8

C-SW

SW

(Company or Operator)

M

Sec. 28

T. 22S

(Lease)

R. 36E

NMPM,

South Eunice

Pool

Unit Letter

Lea

November 6, 1958

November 21, 1958

County. Date Spudded. G.L.

Date Logging Completed

3814'

Elevation

Total Depth

PBTB

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay

Name of Prod. Form.

PRODUCING INTERVAL -

Perforations

3589 to 3799

Open Hole

Depth

3845'

Depth

3524'

Casing Shoe

Tubing

OIL WELL TEST -

Natural Prod. Test:

bbls. oil,

bbls water in

hrs,

Choke

Size

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

load oil used):

48

bbls. oil,

4.7

bbls water in

hrs,

Choke 18/64

GAS WELL TEST -

Natural Prod. Test:

MCF/Day; Hours flowed

Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	329.50	300
5 1/2"	3834	200 shoe 200 D.V.
2"	3750	

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): 22,900# sand and 22,000 gals lease oil

Casing

490#

Tubing

360#

Date first new

December 14, 1958

Press.

Press.

oil run to tanks

Oil Transporter

Texas-New Mexico Pipeline Co.

Gas Transporter

Phillips Petroleum Co.

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.
JAL OIL COMPANY, INC.

Approved....., 19.....

OIL CONSERVATION COMMISSION

By: *[Signature]*

Title.....

(Company or Operator)

By: *[Signature]*
(Signature)

Title.....
Production Superintendent

Send Communications regarding well to:

JAL OIL CO., INC.

Name.....

Drawer Z, Jal, N.M.

Address.....