

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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.

Jal, New Mexico

April 15, 1959

(Place)

(Date)

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

Olsen Oils, Inc.

Emery King

Well No. 3, in NE NW 1/4

(Company or Operator)

(Lease)

C

Sec. 1

T. 23S

R. 36E

NMPM.,

Langlie Mattix

Pool

Unit Letter

Lea

County. Date Spudded 3-21-59

Date Drilling Completed 4-2-59

Please indicate location:

Elevation 3428.8 GL

Total Depth 3792 PBD 3762

Top Oil/Gas Pay 3676

Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3676-86 3702-06 3709-16 3725-39

Open Hole None Depth 3790 Depth 3620

OIL WELL TEST -

Natural Prod. Test: None bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 45 bbls. oil, 1.5 bbls water in 5 hrs, _____ min. Choke Size 10/64

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): 40,000 gal. lease oil 40,000# 20/40 sand

Casing Press. 800 Tubing Press. 280 Date first new oil run to tanks 4-14-59

Oil Transporter Texas-New Mexico Pipeline Co.

Gas Transporter Phillips Petroleum

Remarks: _____

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

Approved _____, 19 _____

Olsen Oils, Inc.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Henry Mattix

(Signature)

By: _____

Title Engineer

Send Communications regarding well to:

Olsen Oils, Inc.

Name _____

Box 691 Jal, New Mexico

Address _____

Title _____

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

APR 15 PM 3:44

Company or Operator Olsen Oils, Inc. Lease Emery King

Well No. 3 Unit Letter C S 1 T 23 R 36 Pool Langlie Mattix

County Lea Kind of Lease (State, Fed. or Patented) Patented

If well produces oil or condensate, give location of tanks: Unit D S 1 T 23 R 36

Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline Co.

Address Midland, Texas
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas Phillips Petroleum

Address Bartelsville, Oklahoma
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well (X)

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 15 day of April 1959

By Emery King

Approved _____ 19____

Title Engineer

OIL CONSERVATION COMMISSION

Company Olsen Oils, Inc.

By [Signature]

Address Box 691

Title _____

Jal, New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule U06)

COMPANY Olsen Oils, Inc. Box 691 Jal, New Mexico
(Address)

LEASE Emery King WELL NO. 3 UNIT C S 1 T 23S R 36E
DATE WORK PERFORMED 4-2-59 POOL Langlie Mattix

This is a Report of: (Check appropriate block) ☒ Results of Test of Casing Shut-off
☐ Beginning Drilling Operations ☐ Remedial Work
☐ Plugging ☐ Other _____

Detailed account of work done, nature and quantity of materials used and results obtained.

Drilled to 3792 TD and set 5½" 15.5# J-55 casing at 3790.
Cemented with 500 sx reg. 3% and 100 sx latex. Let cement
set 96 hours, tested with 1000# for 30 minutes, held o.k.

Cement top at 890'

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. _____ TD _____ PBD _____ Prod. Int. _____ Compl Date _____
Tbng. Dia _____ Tbng Depth _____ Oil String Dia _____ Oil String Depth _____
Perf Interval (s) _____
Open Hole Interval _____ Producing Formation (s) _____

RESULTS OF WORKOVER:	BEFORE	AFTER
Date of Test	_____	_____
Oil Production, bbls. per day	_____	_____
Gas Production, Mcf per day	_____	_____
Water Production, bbls. per day	_____	_____
Gas-Oil Ratio, cu. ft. per bbl.	_____	_____
Gas Well Potential, Mcf per day	_____	_____
Witnessed by _____		

(Company)

OIL CONSERVATION COMMISSION

Name [Signature]
Title _____
Date _____

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

Name [Signature]
Position Engineer
Company Olsen Oils, Inc.