

# REQUEST FOR (OIL) - (GAS) ALLOWABLE

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-104 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

November 21, 1957

(Place)

(Date)

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

R. Olsen Oil Company

Sims

SE

NW

F (Company or Operator)

25

22

(Lease)

Well No.

2

1/4

1/4

Unit Letter

Lea

T

R

NMPM

Tubbs

Pool

County Date Spud

9-20-57

Date Drilling Completed

10-31-57

Please indicate location:

Elevation

6018

Total Depth

PBTD

Top Oil/Gas Pay

Name of Prod. Form.

Tubbs

PRODUCING INTERVAL -

6018-6052 6059-6072

Perforations

Open Hole

Depth

6158

Depth

6018

Casing Shoe

Tubing

OIL WELL TEST -

Natural Prod. Test:

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):

bbls. oil,

bbls water in

hrs,

min.

Choke

Size

GAS WELL TEST -

Natural Prod. Test:

MCF/Day; Hours flowed

Choke Size

Method of Testing (pitot, back pressure, etc.):

2,088

Test After Acid or Fracture Treatment:

48/64

MCF/Day; Hours flowed

24

Choke Size

Method of Testing:

Foxboro Gas Recorder

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):

5000 gal. acid

Casing

520

Tubing

375

Date first new

11-5-57

Press.

Press.

oil run to tanks

Oil Transporter

Gulf Oil Corporation

Gas Transporter

El Paso Natural Gas Company

Remarks: Well produced 20 bbls. distillate with 54.6 gravity corrected at 60 degrees.

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

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

R. Olsen Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

By: *Geethan Wilson*

(Signature)

Production Foreman

Title

Title: \_\_\_\_\_

Send Communications regarding well to:

R. Olsen Oil Company

Name

Box 691 Jal, New Mexico

Address

**Abstract**