

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

Nov. 11, 1957

(Place)

(Date)

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

R. Olsen Oil Company (Company or Operator), Well No. 1, in NW 1/4 SW 1/4, (Lease)

L, Sec. 7, T. 22, R. 38, NMPM., Tubbs Pool

Unit Letter
Lea

County. Date Spudded 11-18-57 Date Drilling Completed 11-18-57

Please indicate location:

Elevation 3348 Total Depth 6840 PBTD 6830

Top Oil/Gas Pay XXX 6141 Name of Prod. Form. Tubbs

PRODUCING INTERVAL -

Perforations 6141-6193, 6197-6207, 6216-6232, 6253-6259, 6272-6282

Open Hole None Depth 6830 Casing Shoe 6830 Tubing 6140

OIL WELL TEST -

Natural Prod. Test: 63 bbls. oil, 0 bbls water in 24 hrs, min. Size 22/64 Choke

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 Choke

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): 5000 ga. reg. acid

Casing 475 Tubing 100 Date first new 11-18-57
Press. oil run to tanks

Oil Transporter Texas - New Mexico pipeline

Gas Transporter Transporter of gas undecided

Remarks: This well has been completed in Tubbs zone as a oil well.

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

Approved. Nov-10 MAY 20 1958, 19 57 T. Olsen Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature] (Signature)

By: [Signature] Title Production Foreman

Send Communications regarding well to:

Title

Name

Address