

**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 ..... 5-13-60 .....  
(Place) (Date)

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

Olsen Oils, Inc. MYERS B ..... Well No. 1 ..... in SWSE 1/4 NW 1/4,  
(Company or Operator) (Lease)

F ..... Sec. 13 ..... T. 24S ..... R. 36E ..... NMPM, Langlie Mattix ..... Pool  
Unit Letter

Lea ..... County. Date Spudded 4-11-60 ..... Date Drilling Completed 4-21-60 .....

Please indicate location:

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

Elevation NA ..... Total Depth 3686 ..... PSTD 3667 .....

Top Oil/Gas Pay 3562 ..... Name of Prod. Form. 7 Rivers Queen .....

PRODUCING INTERVAL -

Perforations 3562-70 3582-86 3602-12 3618-44 3554-66

Open Hole None ..... Depth ..... Casing Shoe 3685 ..... Depth ..... Tubing 3636

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 96 bbls. oil, ..... bbls water in 24 hrs, ..... min. Size Pump

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): 500 gal m.a. 10000 gal Lease Oil + 15000 #20/40 sd.

Casing Tubing ..... Date first new

Press. ..... Press. ..... oil run to tanks 5-13-60

Oil Transporter Permian Oil Company

Gas Transporter El Paso Natural Gas Well

Liner 4 1/2" 875 85 sx

Size	Feet	Sax
9 5/8	312	250
7"	2946	250

Remarks: Deepened well from 3061 to 3686. Ran 4 1/2" 12.6# Fr Hydril liner from 2807' to 3685'.

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: .....  
(Signature)

By: .....

Title Engineer  
Send Communications regarding well to:

Title .....

Name Olsen Oils, Inc.

Address Box 691, Jal., New Mexico