

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 January 3, 1961
(Place) (Date)

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

Olsen Oils, Incorporated Annie Myers B Well No. 3 in Ne 1/4 NW 1/4
(Company or Operator) (Lease)

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

Lea County Date Spudded 8-13-60 Date Drilling Completed 10-7-60

Please indicate location:

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

Elevation 3325.15 Total Depth 3705.5 FBTD

Top Oil 3580 Name of Prod. Form. Queens

PRODUCING INTERVAL -

Perforations 3580-90 3596-3611 3620-46

Open Hole Depth Casing Shoe 3704 Depth Tubing 3620

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): 12 bbls. oil, 15 bbls. water in 24 hrs, _____ min. Pump

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
9-5/8"	307'	250sx
7"	3704	555 sx
		pc mix + 2% gel.
2"	3606	95 sx latex

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): 10,000 gal lease oil + 10,000 20/40 sand

Casing Tubing Date first new Press. _____ oil run to tanks 1-2-61

Oil Transporter Permian Corporation

Gas Transporter El Paso Natural Gas Company

Remarks: _____

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

Approved January 3, 1961 Olsen Oils, Incorporated
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

By: _____ Title Production Superintendent
Send Communications regarding well to:

Title _____ Name Olsen Oils, Incorporated

Address Box 691, Jal., New Mexico