

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 QUADRUPPLICATE 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 9-28-60

(Place)

(Date)

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

Olsen Oils, Inc.

Myers C

, Well No. 2

in N/2 NE 1/4 NW 1/4

(Company or Operator)

(Lease)

X C Sec. 22 T. 24S R. 36E NMPM, Jalmat Pool

Unit Letter

Lea

County. Date Spudded 9-5-60

Date Drilling Completed 9-14-60

Please indicate location:

Elevation 3350.7 DF

Total Depth 3510 PBD

Top Oil/Gas Pay 3477

Name of Prod. Form. 7 Rivers

PRODUCING INTERVAL -

Perforations

Open Hole 3476-3510

Depth Casing Shoe 3476

Depth Tubing 3475

OIL WELL TEST -

Natural Prod. Test: 78 bbls, oil, 214 bbls water in 24 hrs, min. Size Pump

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

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size Feet Sax

9-5/8	292	250 sx
7"	3466	535 sx 50-50
		poz mix +15 sx
2-1/2"	3465	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):

Casing Tubing Date first new
Press. Press. oil run to tanks 9/27/60

Oil Transporter Shell Pipeline

Gas Transporter El Paso Natural

Remarks: Top Cement 1370'

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

Approved 1960, 19

Olsen Oils, Inc.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]

By: [Signature]
(Signature)

Title Production Foreman

Send Communications regarding well to:

Title Engineer District 1

Name Olsen Oils, Inc.

Address Box 691, Jal, New Mexico