

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

9-16-60

(Place)

(Date)

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

Olsen Oils, Incorporated Blinebry A, Well No. #9, in N/2NW 1/4 NW 1/4,
(Company or Operator) (Lease)

D, Sec. 30, T. 23S, R. 37E, NMPM, Langlie-Mattix Pool
Unit Letter

Lea

County. Date Spudded 8-25-60 Date Drilling Completed 9-30-60

Please indicate location:

Elevation 3346GL Total Depth 3629 PSTD 3627Top Oil/Gas Pay 3356.5 DF Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3526-42 3546-58 3560-70 3576-3588 3590-3600 3606-14

Open Hole _____ Depth _____ Casing Shoe 3628 Depth _____ Tubing 3564

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke
load oil used): 72 bbls. oil, 2 bbls water in 24 hrs, _____ min. Size 1/2

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): 1500 gal lease crude + 25000 # sand and 60 ball sealers

Casing _____ Tubing _____ Date first new
Press. 200 Press. 60 oil run to tanks 9-12-60

Oil Transporter Permian Oil CompanyGas Transporter El Paso Natural Gas CompanyRemarks: Top Cement 1450'

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

Approved _____, 19____

Olsen Oils, Incorporated
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

By: _____

Title Engineer

Send Communications regarding well to:

Title _____

Name Olsen Oils, IncorporatedAddress Box 691, Jal, New Mexico