

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - ~~(GAS)~~/ALLOWABLE

New Well
~~Refrill~~

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 May 9, 1960
(Place) (Date)

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

Olsen Oils, Inc. Farnsworth 4, Well No. 4, in NW NE 1/4 SE 1/4,
(Company or Operator) (Lease)

I, Sec. 4, T. 26S, R. 37E, NMPM, Lengle Mattix Pool
Unit Letter

Lea County. Date Spudded 3-30-60 Date Drilling Completed 4-9-60

Please indicate location:

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

Elevation 2999 Total Depth 3280 PBD 3269.5

Top Oil/Gas Pay 3194 Name of Prod. Form. 7 Rivers - Queen

PRODUCING INTERVAL -

Perforations 3194-3202 3206-10 3216-26 3230-60

Open Hole _____ Depth _____
Casing Shoe 3279 Depth Tubing 3170'

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): 39 bbls. oil, 20 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): 20,000 gal. Lease Oil + 38,000# sand.

Casing _____ Tubing _____ Date first new
Press. 50# Press. _____ oil run to tanks 5-5-60

Oil Transporter Texas-New Mexico Pipeline Company

Gas Transporter El Paso Natural Gas Company

Sec. 4-T26S-R37E

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>10 3/4</u>	<u>285</u>	<u>225sx.</u>
<u>7"</u>	<u>3271</u>	<u>580 sx.</u>
<u>2"</u>	<u>3170</u>	

Remarks: _____

Pumping cement circulated.

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: Almon Waters
(Signature)

Title Engineer

Send Communications regarding well to:

Name Olsen Oils, Inc.

Address Box 691 Jal, New Mexico

By: _____
Title _____