

# 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 in 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.

Hobbs, New Mexico

April 25, 1963

(Place)

(Date)

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

**Bogle Oil Company** **Arnett-Ramsay**, Well No. **1**, in **SE** **1/4** **36** **1/4**,  
(Company or Operator) (Lease)  
**P**, Sec. **2**, T. **25 S**, R. **36 E**, NMPM., **Undesignated (Jalnat Gas)** Pool  
Unit Letter  
**Lea**

County. **De Soto** Date Spudded **2-2-60** Date Drilling Completed **2-17-60**  
Elevation **3219 BP** Total Depth **3441** PSTD **3040**

Please indicate location:

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

**660/S & 660/E**

Top Oil/Gas Pay **3006** Name of Prod. Form. **Yates**

PRODUCING INTERVAL -

Perforations **3006-16**

Open Hole **None** Depth **3438** Depth **2990**  
Casing Shoe Tubing

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): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Choke Size \_\_\_\_\_

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

| Size  | Feet | Sax |
|-------|------|-----|
| 8 5/8 | 200  | 150 |
| 4 1/2 | 3438 | 175 |
| 2 3/8 | 2990 |     |
|       |      |     |

Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_

Test After Acid or Fracture Treatment: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_

Choke Size \_\_\_\_\_ Method of Testing: **Calculated absolute potential 1,700 MCF/day**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **8,400 gal gelled water frac, 12,000# sand**

Casing Tubing Date first new  
Press. Press. oil run to tanks

Oil Transporter \_\_\_\_\_

Gas Transporter **El Paso Natural Gas**

Remarks: \_\_\_\_\_

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

Approved \_\_\_\_\_, 19\_\_\_\_

**Bogle Oil Company**

(Company or Operator)

By: **H. L. Smith**  
(Signature)

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

Title **Agent**

Send Communications regarding well to:

Name **Bogle Oil Company**

% OIL REPORTS & GAS SERVICES

Address **BOX 763 HOBBS, NEW MEXICO**