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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.

Hobbs, New Mexico (Place) June 14, 1963 (Date)

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

Amerada Petroleum Corporation (Company or Operator) State NJ "A" (Lease), Well No. 1, in NE ¼ NE ¼,

A (Unit Letter), Sec. 2, T 25S, R 37E, NMPM., North Justis Montoya Pool

Lea County. Date Spudded 10-1-61 Date Drilling Completed 11-12-61

Elevation 3163' DF Total Depth 8570' PBTD 7300'

Top Oil/Gas Pay 7175' Name of Prod. Form. Montoya

PRODUCING INTERVAL -

Perforations 7175' to 7218'

Open Hole ____ Depth Casing Shoe 8566' Depth Tubing 6757'

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 load oil used): 43.33 bbls.oil, 0 bbls water in 4 hrs, - min. Size Swab Choke

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): 5000 gals. acid.

Casing Press. ____ Tubing Press. ____ Date first new oil run to tanks 6-11-63

Oil Transporter Texas-New Mexico Pipe Line Co.

Gas Transporter El Paso Natural Gas Company

Please indicate location:

R-37E

D	C	B	A • #1
E	F Sec. 2	G	H
L	K	J	I
M	N	O	P

T 25 S

663' FNL & 660' FEL (FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet SET	Sax
16"	513'	750
10-3/4"	3418'	1500
2-7/8"	8566'	1400

Remarks: Potential Test: Swabbed 43.33 bbls. oil and 0 bbls. water in 4 hrs. Gravity - 37.2 Cor., Gas Vol. 219,860 CFPD, GOR 846. 24 Hr. Rate - 259.98 Bbls. oil.

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

Approved ____ 19__

OIL CONSERVATION COMMISSION

By: ____

Title ____

Amerada Petroleum Corporation (Company or Operator)

By: ____ (Signature)

Title Asst. District Superintendent

Send Communications regarding well to:

Name Amerada Petroleum Corporation

Address ____ Hobbs, New Mexico