

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE OFFICE OF 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-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.

Enrico, New Mexico April 9, 1962
(Place) (Date)

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

Amerada Petroleum Corporation - State NJMA Well No. 3 in NE/1/4 NE/1/4,
(Company or Operator) (Lease)

A, Sec. 2, T. 25-S, R. 37-E, NMPM, North Justin Mt. Devonian Pool
(Unit Letter)

Lee County. Date Spudded 1-21-62 Date Drilling Completed 3-15-62
(UNDERSTATED)

Please indicate location:

D	C	B	A
			<u>.#3</u>
E	F	G	H
	<u>Sec. #2</u>		
L	K	J	I
M	N	O	P

Elevation 3170' DP Total Depth 7245' PBD 7191'

Top Oil/Gas Pay 6820' Name of Prod. Form. Devonian

PRODUCING INTERVAL -

Perforations 6820'-6880'

Open Hole _____ Depth _____ Depth _____
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): 64 bbls. oil, 1.26 bbls water in 24 hrs, _____ min. Choke Size 32/64"

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): 1000 gal. 15% acid.

Casing _____ Tubing _____ Date first new _____

Press. _____ Press. _____ oil run to tanks 4-1-62

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter El Paso Natural Gas Co.

Remarks: Flowing oil well - Acidized 3 1/2" casing perf. 6820'-6880' w/1000 gal. 15% reg. acid.
Flowed 64.00 bbls oil, 1.26 bbls water in 24 hrs. on 32/64" choke, TP 175#, CP 60#
Gas volume 853,000 SCFDP, GOR 13,328, Gvty 37.8 corrected. (40.11 Acres)

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

Approved: _____, 19____ Amerada Petroleum Corporation
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____ Title: Asst. Dist. Supt.

Title _____ Send Communications regarding well to:

Name: Amerada Petroleum Corporation

Address: Box 706, Enrico, New Mexico