

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 50° Fahrenheit.

Bunice, New Mexico
(Place)

March 22, 1962
(Date)

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

Amerada Petroleum Corporation State NJ "A", Well No. 3, in NE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

A Sec. 2, T. 25-S, R. 37-E, NMPM, North Justis Blinbry Pool
Unit Letter

Lea

County. Date Spudded 1-21-62

Date Drilling Completed 3-15-62

Please indicate location:

Elevation 3170' DF Total Depth 7245' PBD 7228'

Top Oil/Gas Pay 5286' Name of Prod. Form. Blinbry

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

PRODUCING INTERVAL -

Perforations 5286' to 5475'

25 Open Hole _____ Depth _____ Casing Shoe 7235' Depth _____ Tubing _____

S 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): 47.72 bbls. oil, 0 bbls water in 19 hrs, _____ min. Choke Size 14/64"

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Set	Set
<u>2-7/8"</u>	<u>7235'</u>	<u>1550</u>

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): 2,000 gals. acid, 9324 gals. oil and 14,500# sand

Casing _____ Tubing _____ Date first new _____
Press. 5000# Press. _____ oil run to tanks 3-21-62

Oil Transporter Texas-New Mexico Pipe Line Co.

Gas Transporter El Paso Natural Gas Co.

Remarks: Flowing oil well - Flowed 47.72 bbls. oil, no water in 19 hrs. on 14/64" choke.

TP 1200# Gas Vol. 1,032,278 CFDP GOR 17,000

24 hr. rate of oil - 60.72 bbls.

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: B. G. Illies
(Signature)

By: _____

Title Asst. Dist. Supt.

Send Communications regarding well to:

Title _____

Name Amerada Petroleum Corporation

Address Box 706, Bunice, New Mexico