

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.

Oklahoma City, Oklahoma 8/1/58
(Place) (Date)

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

R. OLSEN Olsen-Phillips, Well No. 2, in NW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
L, Sec. 6, T. 25S, R. 37E, NMPM., Langlie-Mattix Pool
Unit Letter

Lea County. Date Spudded 7-1-58 Date Drilling Completed 7-15-58

Please indicate location:

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

Elevation 3213.4 (G.L.) Total Depth 3600 FSD

Top Oil/Gas Pay 3230 Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3405-3430

Open Hole None Depth Casing Shoe 3598 Depth Tubing 3433

OIL WELL TEST -

Natural Prod. Test: None 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): 131 bbls, oil, 56 bbls water in 24 hrs, _____ min. Choke Size 20/64

GAS WELL TEST -

Natural Prod. Test: None MCF/Day; Hours flowed _____ Choke Size _____

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

Test After Acid or Fracture Treatment: None 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): Sanfraced w/10,000 gallons oil & 10,000# sand.

Casing Press. 650# Tubing Press. 400# Date first new oil run to tanks 7/25/58

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter El Paso Natural Gas Company

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>9 5/8</u>	<u>304</u>	<u>250</u>
<u>7"</u>	<u>3598</u>	<u>300</u>
<u>2"</u>	<u>3433</u>	

Remarks:

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 _____

By: R. OLSEN (Company or Operator)
L. J. Penegar (Signature)

Title Secretary

Send Communications regarding well to:
R. OLSEN
Name 2811 Liberty Bank Building

Address Oklahoma City 2, Oklahoma