

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 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.

Jalisco New Mexico 12-10-58

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

R. Olsen (Company or Operator) Phillips (Lessee), Well No. 4, in SE 1/4 SE 1/4

U.S. Letter, Sec. 6, T. 25, R. 37, NMPM., Langlie Mattix Pool

Lea County, Date Spudded 10-23-58 Date Drilling Completed 11-5-58

Please indicate location:

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

Elevation 3219 Total Depth 3600 PBD

Top Oil/Gas Pay 3340 Name of Prod. Form. Seven Rivers

PRODUCING INTERVAL -

Perforations

Open Hole 3340-3380 Depth Casing Shoe 3600 Depth Tubing 3333

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 Choke load oil used): bbls, oil, bbls water in hrs, min. Size Choke

GAS WELL TEST - 22 2.2 24 25/64

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):

Casing 10,000 gal. lease oil new & 10,000# 20/40 sand
Press. Press. oil run to tanks 12/1/58

Oil Transporter Texas-New Mexico Pipeline Co.

Gas Transporter El Paso Natural Gas Company

0) Sec. 6-25-37
Tubing, Casing and Cementing Record

Size	Feet	Sax
9 5/8	298	250
7	3586	350
2	3333	

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: _____

R. Olsen (Company or Operator)
By: _____
(Signature)

Title: Production Foreman
Send Communications regarding well to:

Name: R. Olsen

Address: Box 691 Jal, New Mexico