

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.

Jal, New Mexico

May 27, 1965

(Place)

(Date)

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

CRA, Inc. Carlson B 13

(Company or Operator)

Well No. 5, in SW $\frac{1}{4}$ NE $\frac{1}{4}$,

(Lease)

G

Sec. 13

T. 258

R. 37E

NMPM.

Justis Elinebry

Pool

Unit Letter

Lea

County. Date Spudded Old Well

Date Drilling Completed

Please indicate location:

Elevation 3087 GL.

Total Depth 8776'

PBTD 5510'

Top Oil/Gas Pay 5254'

Name of Prod. Form. Elinebry

PRODUCING INTERVAL -

Perforations 5254'-5449' 13 3/8" holes

Open Hole

Depth

Depth

Casing Shoe

Tubing

5357'

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): 285 bbls. oil, 1.5% BS bbls. water in 24 hrs, 0 min. Choke Size 24/64"

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Da

Method of Testing (pitot, back pressure, etc)

Test After Acid or Fracture Treatment: _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 5000 gal. acid 25,000 gal. L/O & 25,000# 20/40 sand.

Casing Tubing

Date first new

Press. 1175

Press. 800#

oil run to tanks

May 26, 1965

Oil Transporter Texas New Mexico Pipe Line Company

Gas Transporter El Paso Natural Gas Company

Remarks:

Equal - other Justis Paddock

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

Approved _____, 19____

CRA, Inc.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: LE Chaffin

(Signature)

Title Agent

Send Communications regarding well to:

Name CRA, Inc.

Address Box 88, Jal, New Mexico

By: _____

Title _____