

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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.

Jal, New Mexico

June 24, 1959

(Place)

(Date)

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

Jal Oil Company, Inc.

Harner

Well No. 2

in NW

SE

(Company or Operator)

(Lease)

J

Sec. 29

T. 25 S

R. 37 E

NMPM.

Langlie Mattix

Pool

Unit Letter

Lea

County. Date Spudded 5-6-59

Date Drilling Completed 5-29-59

Elevation 3045.5 G.L.

Total Depth 3444

PBTD 3426.5

Please indicate location:

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

Top Oil/Gas Pay _____ Name of Prod. Form. Lower 100 ft. 7 Rivers and Queens

PRODUCING INTERVAL -

Perforations 3210-3220, 3260-3274, 3348-3351, 3397-3402

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing 3403

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke 30/64 load oil used): 120 bbls. oil, 10 bbls water in 4 hrs, _____ min. Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>9 5/8</u>	<u>308</u>	<u>300 reg.</u>
<u>7</u>	<u>3444</u>	<u>2000 shed 1000 DVT</u>
<u>2 1/2</u>	<u>3403</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): 30,660 gal. frac oil 49,000# sand, acidized w/1,000 gal. sand)

Casing _____ Tubing _____ Date first new 20,000 gal. frac oil 25,000# sand
Press. _____ Press. _____ oil run to tanks 6-24-59

Oil Transporter Texas New Mexico Pipeline Company

Gas Transporter _____

Remarks: _____

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

Jal Oil Company, Inc.

(Company or Operator)

Approved _____, 19 _____

OIL CONSERVATION COMMISSION

By: Lo Ellis

(Signature)
Production Superintendent

By: _____

Title _____

Send Communications regarding well to:

Jal Oil Company, Inc.

Title _____

Name _____

Drawer 2, Jal, New Mexico

Address _____