

DUPLICATE

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
(Place)

June 20, 1960
(Date)

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

Olsen Oils, Inc. Wimberly Well No. 3 in SE SE 1/4 NE 1/4,
(Company or Operator) (Lease)
H Sec. 23 T. 25S R. 37E NMPM, Undesignated, Justice-Drinkard Extension
Unit Letter

Lea

County. Date Spudded 4-11-60 Date Drilling Completed 5-13-60
Elevation 3083.4 GL 3095.0 DF Total Depth 5984 PBTD 5980

Please indicate location:

Top Oil/Gas Pay 5924 Name of Prod. Form. Drinkard Oil

PRODUCING INTERVAL -

Perforations 5924-5956
Open Hole _____ Depth _____
Casing Shoe 5983 Depth Tubing 5877

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
load oil used): 480 bbls. oil, 57.6 bbls. water in 24 hrs, _____ min. Size 3/4

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>848</u>	<u>400</u>
<u>7"</u>	<u>5970</u>	<u>190 at</u>
<u>shoe, 215 sz. Reg. + 2% 44% gal + 1/2" Flo Seal</u>		
<u>per sack + 4% Ucl at DV tool at 4999'</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): 500 gal. N.A. 3500 gal Penetrol acid, 5000 gal Dole. fracs +3500#
Casing Tubing Date first new _____
Press. Packer Press. 200 oil run to tanks 6-19-60 20/40 ad.

Oil Transporter Texas-New Mexico Pipeline Company

Gas Transporter Ki Pass Natural Gas Company

Remarks: Top Cement 1790' G.O.R. 722/1 Gravity 39 degrees

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

Approved JUL 25 1961, 19____

Olsen Oils, Inc.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]
(Signature)

By: [Signature]

Title Engineer

Send Communications regarding well to:

Title _____

Name Olsen Oils, Inc.

Address Box 691 Jal., New Mexico