

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (XXX)- (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 Nov. 5, 1957
(Place) (Date)

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

R. OLSEN

CARLSON

Well No. 3, in SE 1/4 SE 1/4,

(Company or Operator)

(Lease)

P

Sec. 23

T. 25S

R. 37E

NMPM, Langlie-Mattix

Pool

Unit Letter

Loc. County. Date Spudded 5-24-57 Date Drilling Completed 6-10-57

Please indicate location:

Elevation 3073.6 G.L. Total Depth 3173' PBD

Top Oil/Gas Pay 2970 Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations

Open Hole 2941' - 3173' Depth 2941' Depth Casing Shoe 2941' Depth Tubing

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

GAS WELL TEST -

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

Method of Testing (pitot, back pressure, etc.): 4 Pt. Back pressure

Test After Acid or Fracture Treatment: 20.750 MCF/Day; Hours flowed

1/4" 3/8" 7/16" 1/2" Choke Size Method of Testing: 4 Pt. Back pressure Test

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Sandfrac 10,000 gal. loose oil & 10,000# sand

Casing 638# Tubing 610# Date first new oil run to tanks

Oil Transporter

Gas Transporter El Paso Natural Gas Co.

Remarks: Dry Gas Well in Langlie-Mattix Oil Pool

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

Approved 19

R. OLSEN

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Dewey Watson (Signature)

Title AGENT

Send Communications regarding well to:

Name R. OLSEN

Address DRAWER "Z" JAL., N.M.

By:

Title