

# 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., N. Mex., Sept. 9, 1957  
(Place) (Date)

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

R. Olsen, Well No. 2, in SE 1/4 NE 1/4, (Company or Operator) (Lease)  
H, Sec. 26, T. 25S, R. 37E, NMPM., Manglie-Mattix Pool  
Unit Letter

Lea County. Date Spudded 4-6-57 Date Drilling Completed 4-15-57

Please indicate location:

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

Elevation 3062.9 Total Depth 3190 PBTD  
Top Oil/Gas Pay 3020 Name of Prod. Form. Queen

## PRODUCING INTERVAL -

Perforations 3020' - 3070' 3088' - 3190'  
Open Hole Depth Casing Shoe 3191 Depth Tubing 3180

## 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

## Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	296	225
5 1/2"	3191	300
		2 stage

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

Test After Acid or Fracture Treatment: 23,000 MCF/Day; Hours flowed 48

Choke Size 3/4 Method of Testing: Open Flow Well Treater

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

Casing Tubing Date first new Press. Press. 9-10-57 gas line

Oil Transporter

Gas Transporter El Paso Natural Gas Co.

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 Assist. Prod. Supt.

Send Communications regarding well to:

Name R. OLSEN

Address DRA ER "Z" JAL, NEW MEXICO