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(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 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.

Midland, Texas

(Place)

November 15, 1960

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS M. R. VOLTZ KENNETH V. BARBER, Well No. 1, in NE $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)

I, Sec. 9, T. 11S, R. 25E, NMPM, Wildest Pool
Unit Letter

Chaves

County. Date Spudded August 7, 1960 Date Drilling Completed September 5, 1960

Please indicate location:

Elevation 3460 GR Total Depth 930' FPD 918'

Top Oil/Gas Pay 890' Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 892-912

Open Hole 925-930 Depth Casing Shoe 924 Depth Tubing 910

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 load oil used): 13 bbls. oil, 11 bbls. water in 24 hrs, 0 min. Size OH Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

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): 17,500 gal. regular acid; 1000# sand

Casing Tubing Date first new Press. 04 1900 oil run to tanks 1000# sand

Oil Transporter McWood Corporation, Abilene, Texas

Gas Transporter _____

Remarks: _____

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

Approved DEC 14 1960, 19____, M. R. VOLTZ
(Company or Operator)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong Title: Owner and Operator

Title OIL AND GAS INSPECTOR Send Communications regarding well to:

Name M. R. Volts

Address 1002 West Wall, Midland, Texas

OIL CONSERVATION COMMISSION
ARTESIA DISTRICT OFFICE

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