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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

AUG 22 1963

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.

Roswell, New Mexico Aug. 20, 1963
(Place) (Date)

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

Len Mayer Kenwood-Federal, Well No. 1, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
N, Sec. 19, T. 18S, R. 31E, NMPM., und Shugart Pool
Unit Letter

Eddy County. Date Spudded 6-5-63 Date Drilling Completed 8-12-63
Please indicate location: Elevation 3618 GL Total Depth 3802 PBTD 3800

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

Top Oil/Gas Pay 3750 Name of Prod. Form. Grayburg
PRODUCING INTERVAL 3404 Penrose

Perforations 3404-09 3413-21, 3750-51 3761-64
Open Hole _____ Casing Shoe 3802 Tubing 3350

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
load oil used): 990 bbls. oil, 45 bbls water in 24 hrs, 0 min. Size 1/4

GAS WELL TEST -
Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____
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): _____

Casing Press. 250 Tubing Press. 75 Date first new oil run to tanks 8-20-63

Oil Transporter McWood Corporation, Midland, Texas
Gas Transporter _____

330 PG 2154 BM FW
(Footage)
Tubing, Casing and Cementing Record
Size Feet Sack

<u>8 5/8</u>	<u>749</u>	<u>50</u>
<u>4 1/2"</u>	<u>3802</u>	<u>175</u>

Remarks: _____

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

Approved: AUG 23 1963, 19____

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title: Oil and Gas Inspector

Len Mayer
(Company or Operator)

By: Len Mayer
(Signature)

Title: Operator
Send Communications regarding well to:

Name: Len Mayer

Address: Box 1495, Roswell, N.M.

NUMBER OF COPIES RECEIVED	
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U.S.G.P.	
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	GAS
PRODUCTION OFFICE	
OPERATOR	2

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Len Mayer				Lease Kenwood-Federal		Well No. 1	
Unit Letter N	Section 19	Township 18S	Range 31E		County Eddy		
Pool und Shugart				Kind of Lease (State, Fed, Fee) Federal			
If well produces oil or condensate give location of tanks			Unit Letter N	Section 19	Township 18S	Range 31E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> McWood Corporation				Address (give address to which approved copy of this form is to be sent) Midland, Texas			

Is Gas Actually Connected? Yes _____ No **X**

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> Vented at well head	Date Connected	Address (give address to which approved copy of this form is to be sent)
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If gas is not being sold, give reasons and also explain its present disposition:

No connection at this time

REASON(S) FOR FILING (please check proper box)

New Well <input checked="" type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>	

RECEIVED
AUG 22 1963
O. O. C.
ARTESIA, OFFICE

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **20th** day of **August**, 19 **63**.

OIL CONSERVATION COMMISSION		By Len Mayer
Approved by ML Armstrong		Title Operator
Title OIL AND GAS INSPECTOR		Company Len Mayer
Date AUG 23 1963		Address Box 1495, Roswell, N.M.