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TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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.

Maljamar, N.M.
(Place)

9-22-64
(Date)

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

Leonard Nichols

Illes "X" Fed.

Well No. 6, in NE $\frac{1}{4}$ SW $\frac{1}{4}$,

(Company or Operator)

(Lease)

Sec. 10, T. 17, R. 32, NMPM., Maljamar, Pool

Unit Letter

LEA

County. Date Spudded 8-29-64

Date Drilling Completed 9-5-64

Please indicate location:

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

Elevation 4123 Total Depth 1050 FBTD

Top Oil/Gas Pay 3882 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 3882-94 3918-24 4016-26

Open Hole _____ Depth _____ Casing Shoe 4050 Depth _____ Tubing 3968

OIL WELL TEST -

Natural Prod. Test: No 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): 48 bbls. oil, 12 bbls water in 24 hrs, _____ min. Size _____ Choke

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): 42000 Gal. Jellied Water, 42000 lbs. sand.

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 9-19-64

Oil Transporter Texas-New Mexico Pipe Line Co.

Gas Transporter Phillips Pet.

Remarks:

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

Approved SEP 25 1964, 19

Leonard Nichols

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

Title Engineer District

By: _____

(Signature)

Title

Supt.
Send Communications regarding well to:

Name

Maljamar, New Mexico

18. 11.
1964

Deviations:

1360	1/2°
2272	3/4°
2864	3/4°
3210	1°
3682	3/4°
4919	1/2°



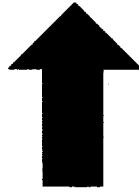
O.L. MC GUTHEON

Before me the undersigned authority, on this date personally appeared
O.L. McGutcheon known to me to be the person whose name is subscribed to
the foregoing instrument, and acknowledged to me that he executed the same for the
purposes and consideration therein expressed.

Given under my hand and seal of office this, the 22nd day of September, 1964.



Notary Public in and for Lea Co, N.M.



LTR



Job separation sheet

THE
FEDERAL
BUREAU OF
INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

WASHINGTON, D. C. 20535

TO : DIRECTOR, FBI
FROM : SAC, NEW YORK
SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]


4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

NUMBER OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION				FORM C-110 (Rev. 7-60)	
DISTRIBUTION		SANTA FE, NEW MEXICO					
SANTA FE		CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				SEP 23 11 43 AM '64 O. C. C.	
FILE							
U.S.G.S.							
LAND OFFICE							
TRANSPORTER							
PRORATION OFFICE		FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE					
OPERATOR		Company or Operator Leonard Nichols				Lease Les "X" Fed.	
Unit Letter K		Section 10		Township 17		Range 32	
Pool Maljamar		Kind of Lease (State, Fed, Fee) Fed.				Well No. 6	
If well produces oil or condensate give location of tanks		Unit Letter F		Section 10		Township 17	
				Range 32			
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>				Address (give address to which approved copy of this form is to be sent)			
Texas-New Mexico Pipe Line Co.				Midland, Texas			
Is Gas Actually Connected? Yes _____ No _____							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>				Date Connected 9-19-64		Address (give address to which approved copy of this form is to be sent)	
Phillips Pot.						Odessa, Texas	
If gas is not being sold, give reasons and also explain its present disposition:							
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 checked="" type="checkbox"/> Condensate .. <input type="checkbox"/>							
Remarks							
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.							
Executed this the 22 day of Sept. , 19 64 .							
OIL CONSERVATION COMMISSION				By			
Approved by							
Title				SUPT.			
Title Engineer District				Company LEONARD NICHOLS			
Date SEP 23 1964				Address MALJAMAR, NEW MEXICO			