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U.S.G.S.
LAND OFFICE
TRANSPORTER
GAS
OPERATOR
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE RICE O.C.C.
AND

Form C-114
Supersedes Old C-104 and C-110
Effective 1-1-69

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5 - MOCOC
1 - Houston, W. L. Boone
1 - Midland
1 - File

JUN 27 9 15 PM '69

I. **Gett: Oil Company**
Box 249, Hobbs, New Mexico 88240
Reason for Filing (Check proper box)
☒ Change in Ownership
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well No. **H. D. McElroy** Kind of Lease **8 Undesignated (Blind)**
State, Federal or Free **Fee**
Section **8** Township **2310** Range **North** Line **430** Feet From The **East**
Section **30** Township **188** Range **38E** Line **100W** Township **100W** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipe Line Co. Address (Give address to which approved copy of this form is to be sent)
Box 1598, Hobbs, New Mexico
Name of Authorized Transporter of Gas ☒ or Dry Gas ☐
Phillips Pet. Co. Address (Give address to which approved copy of this form is to be sent)
Box 6666, Odessa, Texas
If well produces oil or gas, level and in barrels per day. Unit Sec. Wp. Rge. Is gas actually connected? When **As soon as Connection can be made**

If this production is commingled with that from any other lease or pool, give commingling order number: **Application for commingling made**

IV. COMPLETION DATA

Designate Type of Completion - (X)
☒ Oil Well ☒ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v.
Date Comp. Ready to Prod. **5-30-69** **6-21-69** Total Depth **6059** **5990'**
Pool **3648.5 GR** Name of Producing Formation **Blind** Top Oil/Gas Pay **5757** **5757**
Performances **5757, 5761, 5768, 5771, 5796, 5800, 5823, 5827, 5873, 5897, and 5901'** Depth Casing Shoe **6057**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE **17 1/2** CASING & TUBING SIZE **13 3/8** DEPTH SET **383** SACKS CEMENT **400**
11 **8 5/8** **3842** **1400**
7 7/8 **5 1/2** **6057** **650**

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours

Date First New or Re-Drilled **6-22-69** Date of Test **6-24-69** Producing Method **Pump**
Duration of Test **24 hrs.** Taking Pressure **-** Casing Pressure **-** Choke Size **2"**
Actual Production Test Oil-Bbls. **145** Water-Bbls. **72** Gas-MCF **73** **6**

GAS WELL

Actual Production Test-MCF **-** Length of Test **-** Pkls. Condensate-MCF **-** Gravity of Condensate **-**
Producing Method (Lifted, back pr.) **-** Taking Pressure **-** Casing Pressure **-** Choke Size **-**

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

ORIGINAL SIGNED BY:

C. L. Wade

(Signature)

Area Supt.

(Title)

June 24, 1969

Date

OIL CONSERVATION COMMISSION

APPROVED

19

BY

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple