

RECEIVED

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well  
 DEC 6 1961 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 is 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.

December 4, 1961  
 (Place) (Date)

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

**Reading and Bates, Inc.** **Simms Fed.**, Well No. **2**, in **SE**  $\frac{1}{4}$  **NW**  $\frac{1}{4}$ ,  
 (Company or Operator) (Lease)  
**F** Sec. **34**, T. **18S**, R. **30E**, NMPM, **North Benson Queen** Pool

**Eddy** County. Date Spudded **Nov. 17, 1961** Date Drilling Completed **Nov. 27, 1961**

Please indicate location:

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

Elevation **3460 Gr. 3471 KB** Total Depth **3145** PBD **3135**

Top Oil/Gas Pay **2948 Gr.** Name of Prod. Form. **M. Queen**

PRODUCING INTERVAL -

Perforations **2951 8 in plane** **2961 8 in plane**

Open Hole **none** Depth Casing Shoe **3137** Depth Tubing **2850**

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): **264** bbls. oil, **no** bbls water in **24** hrs, **0** min. Size **3/4"** 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): **300 gal. acid. 19060 gal. oil 32000# sand (20-40)**

Casing Tubing Date first new Press. **230** Press. **100** oil run to tanks **December 2, 1961**

Oil Transporter **Permian Corporation**

Gas Transporter **Phillips Petroleum Company**

Tubing, Casing and Cementing Record

Size	Feet	Sax
<b>8 5/8</b>	<b>581</b>	<b>250</b>
<b>4 1/2</b>	<b>3137</b>	<b>300</b>
<b>2" EUE</b>	<b>2850</b>	<b>(NA)</b>

Remarks:

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

Approved **DEC 6 1961**, 19\_\_\_\_\_

**Reading and Bates, Inc.**  
 (Company or Operator)

OIL CONSERVATION COMMISSION  
 By: **W. A. Gressett**  
 Title **OIL AND GAS INSPECTOR**

By: **I. J. Pierce** (Signature)  
 Title **Vice President, Exploration**

Send Communications regarding well to:  
 Name **Reading and Bates, Inc.**  
 Address **1101 Philtower Bldg., Tulsa 3, Oklahoma**

OIL CONSERVATION COMMISSION	
ARTESIA DISTRICT OFFICE	
No. Control Record	4
DESCRIPTION	
OPERATOR	1
DATE	1
PRODUCTION	1
STATE DEPARTMENT	
U. S. G. S.	
TRANSPORTER	
FILE	1
UNCLASIFIED	

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SA	OFF
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

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: **Reading and Bates, Inc.** Lease: **Simms Fed.** Well No.: **2**

Unit Letter: **F** Section: **34** Township: **18S** Range: **30E** County: **Eddy**

Pool: **North Benson Queen** Kind of Lease (State, Fed, Fee): **Federal**

If well produces oil or condensate give location of tanks: \_\_\_\_\_ Unit Letter: **C** Section: **34** Township: **18S** Range: **30E**

Authorized transporter of oil  or condensate   
**The Permian Corporation**  
Address (give address to which approved copy of this form is to be sent):  
**P. O. Box 3119  
Midland, Texas**

Is Gas Actually Connected? Yes  No

Authorized transporter of casing head gas  or dry gas  Date Connected: **Dec. 5**  
**Phillips Petroleum Co.**  
Address (give address to which approved copy of this form is to be sent):  
**Reading and Bates, Inc.  
1101 Philtower Bldg., Tulsa 3, Okla.**

If gas is not being sold, give reasons and also explain its present disposition:

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

New Well .....  Change in Ownership .....   
Change in Transporter (check one) Other (explain below)  
Oil .....  Dry Gas .....   
Casing head gas .  Condensate . .

**RECEIVED  
DEC 6 1961  
D. C. D.  
ARTESIA, OFFICE**

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.  
Executed this the **4th** day of **December**, 19**61**.

**OIL CONSERVATION COMMISSION**

Approved by: **W. A. Gressett**  
Title: **Oil and Gas Inspector**  
Date: **DEC 6 1961**

By: **L. J. Pierce**  
Title: **Vice President, Exploration**  
Company: **Reading and Bates, Inc.**  
Address: **1101 Philtower Bldg., Tulsa 3, Oklahoma**

