

**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mexico

(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.

**1301-5 Continental Life Building, Fort Worth 2, Texas** **August 25, 1961**  
(Place) (Date)

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

**Whaley Company, Inc.** **Federal-Whaley**, Well No. **5**, in **SW**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

**13-S** **31E**, NMPM, **Caprock Queen** Pool

**Chaves**

County **Chaves** Date Spudded **7/11/61** Date Drilling Completed **7/18/61**

Please indicate location.

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

**660' S.** **660' E.**

Elevation **4,429** Total Depth **3,049** PBD

Top Oil/Gas Pay **3,024'** Name of Prod. Form. **Queen Sand**

PRODUCING INTERVAL -

Perforations **4 shots per foot** **3028 to 3038**

Open Hole **None** Depth **3,049'** Casing Shoe **3,040'** Depth **3,040'** Tubing

OIL WELL TEST - Pumping Test

Natural Prod. Test: **4** bbls. oil, **8** bbls water in **24** hrs, **0** min. Choke Size **Swabbing**

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **15.64** bbls. oil, **34.04** bbls water in **24** hrs, **0** min. Choke Size **Pumping**

GAS WELL TEST -

Natural Prod. Test: **X** 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): **250 Gal. Mud Acid, 15,000# Sand, 335 bbls. oil**

Casing **60#** Tubing **20#** Date first new oil run to tanks **8/15/61**

Oil Transporter **McWood Corporation**

Gas Transporter **364 Petroleum Bldg., Abilene Texas**

Remarks: **All Load Oil Recovered before test.**

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

Approved \_\_\_\_\_, 19\_\_\_\_

**WHALEY COMPANY, INC.**

(Company or Operator)

By: **William D. Morris**

**William D. Morris** (Signature)

Title: **President**

Send Communications regarding well to:

Name: **Whaley Company, Inc.**  
**1301-5 Continental Life Building**

Address: **Fort Worth 2, Texas**

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

Title: \_\_\_\_\_