

# 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.

Midland, Texas October 27, 1962

(Place)

(Date)

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

Ross Brunner

Federal

1

NE

SE

Well No. 1, in 1/4, 1/4,

(Company or Operator)

I, Sec. 25

T-15-S

(Lease)

R-28-E

Undesignated

Upper Letter  
Chaves

County. Date Spudded 9-30-62

Date Drilling Completed 10-5-62

Elevation 3,111 KB Total Depth 3,075 PBTD 3,064

Top Oil/Gas Pay 2,986 Name of Prod. Form. San Andres

Please indicate location:

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

1980 FSL & 660 FEL

PRODUCING INTERVAL -

Perforations 2,986-87, 3,023-24 & 3,030-31

Open Hole Depth 3,072 Depth Tubing 2,919

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke 1 1/4

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 38 bbls. oil, 111 bbls water in 24 hrs, 0 min. Size Choke Pump

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): 4,000 Gal 15% & 40,000 Gal 5% Acid & 60,000# sand

Casing Press. Pumping the first new October 25, 1962

Oil Transporter The Permian Corporation

Gas Transporter None

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	313	150
4-1/2"	3072	300
2"	2919	

Remarks:

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

Approved. October 27, 1962

Ross Brunner

(Company or Operator)

By: [Signature]

(Signature)

Title. Agent

Send Communications regarding well to:

c/o Albritton & Meyer

Name.

Box 524, Midland, Texas

Address.

OIL CONSERVATION COMMISSION

By: [Signature]

Title. OCT 30 1962

RECEIVED

OCT 30 1962

D. E. C.  
ARTESIA, OFFICE

OIL CONSERVATION COMMISSION			
ARTESIA DISTRICT		DE	
No. Copies Received 4			
DISTRICT OFFICE			
MANAGER	/	CHIEF	
ASSISTANT MANAGER	/		
MANAGER, OFFICE	/		
DATE CAN OFFICE			
U. S. O. S.			
MANAGER			
DE	/	—	
STATE OF MINES			

NUMBER OF COPIES RECEIVED _____ DISTRIBUTION _____		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO <b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION          TO TRANSPORT OIL AND NATURAL GAS</b>			<b>FORM C-110</b> (Rev. 7-60)	
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE						
Company or Operator <b>Ross Brunner</b>				Lease <b>Federal</b>		Well No. <b>1</b>
Unit Letter <b>I</b>	Section <b>25</b>	Township <b>15-S</b>	Range <b>28-E</b>	County <b>Chaves</b>		
Pool <b>Undesignated</b> <i>Luna de Jark AA</i>				Kind of Lease (State, Fed, Fee) <b>Federal</b>		
If well produces oil or condensate give location of tanks		Unit Letter <b>I</b>	Section <b>25</b>	Township <b>15-S</b>	Range <b>28-E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>The Permian Corporation</b>			Address (give address to which approved copy of this form is to be sent) <b>Box 3119          Midland, Texas</b>			
Is Gas Actually Connected? Yes _____ No <input checked="" type="checkbox"/>						
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> <b>None</b>		Date Connected	Address (give address to which approved copy of this form is to be sent)			
If gas is not being sold, give reasons and also explain its present disposition:  <b>New Well. Gas is vented.</b>						
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"/>						
Remarks						
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.						
Executed this the <b>27</b> day of <b>October</b> , 19 <b>62</b>						
OIL CONSERVATION COMMISSION			By <b>Hugh Meyer</b> <i>Hugh Meyer</i>			
Approved by <i>ML Armstrong</i>			Title <b>Agent</b>			
Title <b>MANAGER INSPECTOR</b>			Company <b>Ross Brunner</b>			
Date <b>OCT 30 1962</b>			Address <b>c/o Albritton &amp; Meyer          P. O. Box 524          Midland, Texas</b>			

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 OCT 30 1962  
 D. C. C.  
 ARTESIA, OFFICE

## OIL CONSERVATION COMMISSION

## ARTESIA DISTRICT OFFICE

No. Copies Received

5

DISTRICT OFFICE

OPERATOR

2

SANTA FE

1

ADJUTANT GENERAL

STATE LA. B. OFFICE

U. S. G. S.

TRANSFER

1

FILE

1-

BUREAU OF MINES