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PRODUCTION OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico **REQUEST FOR (OIL) - (GAS) ALLOWABLE**

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

AUG 13 1962

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.

Midland, Texas

August 10, 1962

(Place)

(Date)

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

**Kern County Land Co.** State - **Mullis**, Well No. **1-B**, in **NE**  $\frac{1}{4}$  **NW**  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)  
**C**, Sec **30**, T **15**, R **29**, NMPM, **Undesignated** Pool

Unit Letter

**Chaves**

County. Date Spudded **6-27-62** Date Drilling Completed **7-13-62**

Elevation **3728' DF** Total Depth **3334' DF** PBD

Top Oil/Gas Pay **2900'** Name of Prod. Form. **San Andres**

PRODUCING INTERVAL -

**1 hole per foot @2943; 2957; 2984; 2991; 3002;**  
Perforations **3028; 3038; 3048; 3069**

Open Hole Depth **3331 DF** Casing Shoe **3254' DF** Tubing

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): **60** bbls.oil, **65** bbls water in **24** hrs, \_\_\_\_\_ min. Size **Pump** 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): **40,000 Gals 5% Acid; 60,000# 20-40 Sand**

Casing Press. **250#** Tubing Press. \_\_\_\_\_ Date first new oil run to tanks **7-26-62**

Oil Transporter **The Permian Corp.**

Gas Transporter \_\_\_\_\_

**1980/W 660/W**  
(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Sax

8-5/8"	301	245
4-1/2"	3331	300
2-3/8"	2943	Hung

Remarks:

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

Approved: \_\_\_\_\_, 19. \_\_\_\_\_ **Kern County Land Company**  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: **McClintock**

Title \_\_\_\_\_

By: **J. N. Jancy**  
(Signature)

Title **District Production Supt.**

Send Communications regarding well to:

Name **Kern County Land Company**

402 West Tower Midland, Texas

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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 <b>Kern County Land Company</b>				Lease <b>State - Mullis</b>		Well No. <b>1-B</b>	
Unit Letter <b>C</b>	Section <b>30</b>	Township <b>15</b>	Range <b>29</b>	County <b>Chaves</b>			
Pool <b>Undesignated</b>				Kind of Lease (State, Fed, Fee) <b>State</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>C</b>	Section <b>30</b>	Township <b>15</b>	Range <b>29</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>The Permian Corporation</b> <b>(By Trucks)</b>				Address (give address to which approved copy of this form is to be sent) <b>P. O. Box 3119, Midland, Texas</b>			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>			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:

**At the present time gas volume is to low to justify sale.**  
**Gas is being stacked**

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"/>	

**RECEIVED**

AUG 13 1962

O. C. C.  
ARTESIA, OFFICE

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 10 day of August, 19 62.

OIL CONSERVATION COMMISSION		By <i>R. N. Yancey</i> <b>R. N. Yancey</b>
Approved by <i>M. L. Armstrong</i>		Title <b>Dist. Prod. Supt</b>
Title <b>OIL AND GAS INSPECTOR</b>		Company <b>Kern County Land Co.</b>
Date <b>AUG 13 1962</b>		Address <b>407 V&amp;J Tower Midland, Texas</b>