

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.

Artesia, New Mexico 5-16-58
(Place) (Date)

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

Kincaid & Watson Aztec State, Well No. 1, in SE 1/4 SE 1/4,
(Company or Operator) (Lease)

P, Sec. 33, T. 22N, R. 28E, NMPM, Undesignated Pool
Unit Letter

Eddy County. Date Spudded 4-10-58 Date Drilling Completed 5-2-58

Please indicate location:

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

Elevation 3523 Total Depth 1465 PBD 1344

Top Oil/Gas Pay 1335 Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 72 Holes 1344 to 1332

Open Hole None Depth Casing Shoe 1400 Depth Tubing 942'

OIL WELL TEST -

Natural Prod. Test: None Choke Size

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

GAS WELL TEST -

Natural Prod. Test: 250 MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Sin
8 5/8"	1440	50
5 1/2"	1400	100

Method of Testing (pitot, back pressure, etc.): Estimate

Test After Acid or Fracture Treatment: 923 MCF/Day; Hours flowed

Choke Size 7/16 Method of Testing: Pitot

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 24,000 lbs sand and 24,000 gal. water

Casing Tubing Date first new Press. 2,000 Press. None oil run to tanks

Oil Transporter

Gas Transporter Southern Union Gas Co.

Remarks:

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

Approved: MAY 18 1958, 19.

Kincaid & Watson
(Company or Operator)

By: G. R. Holmes
(Signature)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title: OIL AND GAS INSPECTOR

Title: Agent
Send Communications regarding well to:

Name: Kincaid & Watson

Address: Box 536, Artesia, New Mexico

OIL CONSERVATION COMMISSION	
ADMINISTRATIVE OFFICE	
No. C-1000-100	✓
DATE	1/10/50
BY	J. H. H.
FOR	

✓

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Kincoiad & Watson Lease Aztec State

Well No. 1 Unit Letter P S 33 T 16S R 28E Pool Undesignated

County Eddy Kind of Lease (State, Fed. or Patented) State E-9197

If well produces oil or condensate, give location of tanks: Unit S T R

Authorized Transporter of Oil or Condensate None

Address _____

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas Southern Union Gas Co.

Address 905 Burt Building, Dallas, Texas

(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:

Reasons for Filing: (Please check proper box) New Well New Well ()

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: (Give explanation below)

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

Executed this the 16 day of May 1958

By G. Rex Holmes

Approved MAY 10 1958 19

Title Agent

OIL CONSERVATION COMMISSION

Company Kincoiad & Watson

By M. L. Armstrong

Address Box 536

Title OIL AND GAS INSPECTOR

Artesia, New Mexico

OIL CONSERVATION COMMISSION

APPROVED FOR RELEASE
CENTRAL INTELLIGENCE AGENCY

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