

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/3/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

SEP 4 1959

New Well
Recompletion

30-015-01271

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 September 3, 1959
(Place) (Date)

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

Kincaid & Watson Humble State #33 " Well No. 1, in. NE 1/4 SE 1/4,
(Company or Operator) (Lease)
I, Sec. 33, T. 16S, R. 28E, NMPM, Undesignated Pool
Unit Letter

Eddy

Please indicate location:

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

330 E - 2310 S

County. Date Spudded 7-21-59 Date Drilling Completed 8-10-59
Elevation 3537 Total Depth 1894 PBD 1394

Top Oil/Gas Pay 1348 Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 1348-58

Open Hole None Depth Casing Shoe 1397 Depth Tubing 1317

OIL WELL TEST - None

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 Choke load oil used): bbls. oil, bbls water in hrs, min. Size

GAS WELL TEST -

Natural Prod. Test: 428 MCF/Day; Hours flowed 12 hrs. Size 3/4"

Tubing, Casing and Cementing Record

Size Feet Sax

10 3/4	78	None
8 5/8	474	50
4 1/2	1397	100

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

Test After Acid or Fracture Treatment: 904 MCF/Day; Hours flowed 24 hrs.

Choke Size 3/4" Method of Testing: Pitot

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 30,000 gal. water & 26,000 lbs. sand

Casing Tubing Date first new Press. 241 Press. 216 oil run to tanks Shut in gas well 8-15-59

Oil Transporter None

Gas Transporter Southern Union Gas Company

Remarks:

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

Approved SEP 8 1959, 19

Kincaid & Watson Drlg. Co.

(Company or Operator)

By:

(Signature)

Title Agent

Send Communications regarding well to:

Name Kincaid & Watson Drlg. Co.

Address Box 536, Artesia, New Mexico

OIL CONSERVATION COMMISSION

By:

M. L. Armstrong
OIL AND GAS INSPECTOR

Title

[illegible]

DATE _____ TIME _____

H. C. ...

100

— *Chlorophyll *a** (mg/L) = 12.7 × (OD₆₈₀ − 0.1) + 0.001

10. *Journal of the American Medical Association*, 1997; 277: 1033-1038.

Journal of Management Education 30(6)

J. S. W.

1. *Journal of the American Medical Association*, 1964; 191: 1000-1001.

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BOARD OF MEMBERS

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

SEP 4 1959

Company or Operator Kincaid & Watson Drlg. Co. Lease Humble State "33"

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

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

If well produces oil or condensate, give location of tanks: Unit None 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 Company

Address 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 (X)

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

Change in Ownership () Other ()

Remarks: (Give explanation below)

The well will be shut in until Southern Union makes connection to take gas.

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

Executed this the 3 day of September 19 59

By [Signature]

Approved SEP 8 1959 19

Title Agent

OIL CONSERVATION COMMISSION

Company Kincaid & Watson Drlg. Co.

By [Signature]

Address Box 536, Artesia, N. Mex.

Title OIL AND GAS INSPECTOR

OIL CONSERVATION COMMISSION	
ADMINISTRATIVE OFFICE	
1. Name of Applicant	6
2. Address	
3. City	3
4. State	1
5. Zip	1
6. Date of Application	
7. Name of Agent	
8. Signature of Agent	1
9. Signature of Applicant	✓

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY Kincaid & Watson Drlg. Co., Box 536, Artesia, New Mexico
(Address)

LEASE Humble State "33" WELL NO. 1 UNIT I✓S 33 T 16S R 28E
DATE WORK PERFORMED _____ POOL Undesignated

This is a Report of: (Check appropriate block) ☒ Results of Test of Casing Shut-off

☐ Beginning Drilling Operations

☐ Remedial Work

☐ Plugging

☒ Other River Face Treatment

Detailed account of work done, nature and quantity of materials used and results obtained.

We drilled well to total depth of 1894 feet. No oil shows.
Gas zone 1335-65. Ran 1397 feet of 4 1/2" casing. Perforated 1348-58
40 shots. Treated through perforations with 30,000 gal. water and
26,000 lbs. sand. Gas production increased from 428 MCF per day to
904 MCF per day. Casing in hole - 78 feet 10 3/4" to shut off casing,
left in hole - 474 feet of 8 5/8" cemented 50 sacks - 1397 feet of
4 1/2", cemented 100 sacks, cleaned out to 1394. Tubing in hole
1317 feet.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. _____ TD _____ PBD _____ Prod. Int. _____ Compl Date _____
Tbng. Dia _____ Tbng Depth _____ Oil String Dia _____ Oil String Depth _____
Perf Interval (s) _____
Open Hole Interval _____ Producing Formation (s) _____

RESULTS OF WORKOVER:

BEFORE

AFTER

Date of Test

Oil Production, bbls. per day

Gas Production, Mcf per day

Water Production, bbls. per day

Gas-Oil Ratio, cu. ft. per bbl.

Gas Well Potential, Mcf per day

Witnessed by _____

(Company)

OIL CONSERVATION COMMISSION

Name

Title

Date

M. L. Armstrong
OIL AND GAS INSPECTOR

SEP 8 1959

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

Name

Position

Company

Agent

Kincaid & Watson Drlg. Co.

OIL CONSERVATION COMMISSION	
APR 19 1964	
No. 214	4
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638	