

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 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 April 6, 1959
(Place) (Date)

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

Kincaid & Watson, So. Union Federal, Well No. 5, in NW 1/4 NE 1/4,
(Company or Operator) (Lease)

B, Sec. 34, T. 16S, R. 28E, NMPM., North Red Lake - Queen - ~~Wildcat~~
Unit Letter

Eddy

County. Date Spudded 3-5-59 Date Drilling Completed 3-28-59

Please indicate location:

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

Elevation Total Depth 2090 PBTD 1520

Top Oil/Gas Pay 1474 Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 1474 - 82, 1494 - 98, 1502 - 10.

Open Hole None Depth Casing Shoe 1534 Depth Tubing 1400

OIL WELL TEST -

Natural Prod. Test: 2 bbls. oil, -0- bbls water in 24 hrs, Choke min. Size ball

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 46 bbls. oil, -0- bbls water in 24 hrs, Choke min. Size 3/8"

GAS WELL TEST -

Natural Prod. Test: None 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): Sandfrac- 25,000 gal. Petroleum, & 50,000 lbs. sand.

Casing Tubing Date first new Press. 250 oil run to tanks 4-6-59

Oil Transporter Malco Refineries, Inc.

Gas Transporter None

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	412	50
5 1/2"	1534	100

Remarks:

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

Approved: 19

Kincaid & Watson

(Company or Operator)

OIL CONSERVATION COMMISSION

By:

By: M. L. Armstrong

Title

Title Agent

Send Communications regarding well to:

Name Kincaid & Watson

Address Box 536, Artesia, New Mexico

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 Kincaid & Watson Lease So. Union Federal

Well No. 5 Unit Letter B S 34 T 16S R 28E Pool Undesignated Red Lake Susan-North

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

If well produces oil or condensate, give location of tanks: Unit G S 34 T 16 R 28

Authorized Transporter of Oil or Condensate Malco Refineries, Inc.

Address Box 125, Artesia, New Mexico
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas None

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:

The well does not make Gas in commercial quantities.

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 oil will be trucked from storage at the well to a battery located in Unit G. of Sec. 15-17S-28E., for delivery to Malco Refineries, Inc., in their pipeline.

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

Executed this the 6 day of April 19 59

By [Signature]

Approved _____ 19 _____

Title Agent

OIL CONSERVATION COMMISSION

Company Kincaid & Watson

By [Signature]

Address Box 536

Title _____

Artesia, New Mexico