

# 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 7-6-59  
(Place) (Date)

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

Kincaid & Watson Atlantic State "A", Well No. 1, in NW 1/4 NW 1/4,  
(Company or Operator) (Lease)

D, Sec. 1, T. 17S, R. 28E, NMPM, Undesignated-Red Lake Pool  
Unit Letter

Eddy

County. Date Spudded 5-31-59 Date Drilling Completed 6-27-59

Please indicate location:

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

Elevation 3600 Total Depth 2174 PBTD 1680

Top Oil/Gas Pay 1612 Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 1612-26

Open Hole None Depth Casing Shoe 1680 Depth Tubing 1557

OIL WELL TEST -

Natural Prod. Test: 5 bbls. oil, -0- bbls water in 24 hrs, min. Size Bailing Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 42 bbls. oil, -0- bbls water in 24 hrs, min. Size 1" Choke

GAS WELL TEST -

Natural Prod. Test: None MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	493	50
5 1/2"	1680	100

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

Test After Acid or Fracture Treatment: None 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): 25,000 gal. petrolol & 66,750 lbs. sand

Casing 275 Tubing 140 Date first new 7-6-59  
Press. Press. oil run to tanks

Oil Transporter Cactus Petroleum Inc.

Gas Transporter None

Remarks:

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

Approved: JUL 7 1959, 1959

Kincaid & Watson  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: (Signature)  
(Signature)

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	
ARTESIA DISTRICT OFFICE	
No. Copies Received	
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STATE LAND OFFICE	
U. S. G. S.	
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