

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

This form shall be filled out by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. Gas must be reported on 15.025 psia at 60° Fahrenheit.

I HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Undeig 11 Lake
(Company or Operator) Undeig 11 Lake, Well No. 1
Sec. 12, T. 12N, R. 10E, NMPM., Midland, Texas
Date Drilling Completed 2-24-50 PBD 1950

Comp. _____
Well No. _____
County _____
If well p. _____
authorized _____
Address _____
(Give address if not being so)

Please indicate location:

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

1780N 1980E

Top Oil/Gas Pay _____
Elevation _____
County Date Spudded 2-10-50
Perforations _____
Open Hole _____
OIL WELL TEST -
Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min.
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of acid used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min.
GAS WELL TEST -
Natural Prod. Test: _____ MCF/Day; Hours flowed _____
Method of Testing (pitot, back pressure, etc.): _____
Test After Acid or Fracture Treatment: _____
Choke Size _____ Method of Testing: _____
Acid or Fracture Treatment (Give amounts of materials used, such as acid, sand): _____
Tubing _____ Date first new oil run to tanks _____
Press. _____
Oil Transporter _____
Gas Transporter _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
7"	217	50
4 1/2"	175	50
2"	105	

Remarks: _____
I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved _____, 19 _____
By: A. Brace (Company or Operator)
Title: Partner

Notifies that the Rules and Regulations apply with.
_____ day of March 1950

OIL CONSERVATION COMMISSION

By: M. L. Armstrong
Title: _____
Com- _____

Name: Castle
Address: _____
Send Communication to _____

By: _____
Title: _____
Company: Castle and Wiggell
Address: P. O. Box 868
Midland, Texas

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 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.

Idland, Texas

March 14, 1959

(Place)

(Date)

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

John D. Castle & J. Ross Russell

Well No. 1, in 1/4 1/4 1/4

(Company or Operator)

(Lease)

Unit Letter

Sec. 11

T. 17-N

R. 10-E

NMPM.

Pool

County. Date Spudded 3-10-59

Date Drilling Completed 3-24-59

Elevation 1050

Total Depth 2250

PBTD

1000

Please indicate location:

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

Top Oil/Gas Pay 1050

Name of Prod. Form. UConn

PRODUCING INTERVAL -

Perforations 4 shots/st. at 1010-10, 1050-50, 1060-70

Open Hole

Depth

Casing Shoe 1750

Depth

Tubing 1575

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 70 bbls. oil, 0 bbls water in 30 hrs, min. Size Choke 1/2"

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
7"	217	50
4 1/2"	1750	50
2"	1575	

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): 250 gal. rec. acid, 20,000 gal. oil, 35,000 sand.

Casing 2 1/2" Tubing 2 1/2" Date first new 3-14-59

Press. oil run to tanks

Oil Transporter

Gas Transporter

Remarks:

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

Approved: 1959, 19.

OIL CONSERVATION COMMISSION

By: M.L. Armstrong

Title

By: H. Brace Skaggs
(Company or Operator)
(Signature)
Partner

Title: Send Communications regarding well to:

Castle and Russell

Name: Box 600, Idland, Texas

Address:

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 John B. Castle & H. Brace Wiggzell Lease Superior-State

Well No. 1 Unit Letter G S 11 T 17-R28-E Pool Condensing Well Lake

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

If well produces oil or condensate, give location of tanks: Unit G S 11 T 17-R28-E

Authorized Transporter of Oil or Condensate Galco Pipe Line, Inc.

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

Authorized Transporter of Gas _____
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:

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

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 14 day of March 1959

Approved _____ 19____

By H. Brace Wiggzell
Title Partner

OIL CONSERVATION COMMISSION

Company Castle and Wiggzell

By M. L. Armstrong

Address P. O. Box 868

Title _____

Midland, Texas