

P. O. DRAWER DD  
TENTH & DALLAS STREETS  
ARTESIA, NEW MEXICO

No. **A 63**

**SUPERVISOR, DISTRICT NO. 2**

**EXTRA COPY**

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

RECEIVED  
(Form C-104)  
New Well  
7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

APR 19 1961  
New Well  
Completion

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 is 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 19, 1961  
(Place) (Date)

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

Kincaid & Watson Drilling Co. Aztec Fed., Well No. 3, in SE 1/4 NE 1/4,  
(Company or Operator) (Lease)

H Sec. 15, T. 17S, R. 28E, NMPM, Red Lake Pool  
Unit Letter  
Eddy

Please indicate location:

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

2310N - 990E

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	415	50
5 1/2	2143	100

County. Date Spudded 2-18-61 Date Drilling Completed 3-17-61  
Elevation 3627 Total Depth 2143 PBD 2143  
Top Oil/Gas Pay 2108 Name of Prod. Form. Premier

PRODUCING INTERVAL -

Perforations 2108-2124 4 holes per foot  
Open Hole None Depth Casing Shoe 2143 Depth Tubing 2095

OIL WELL TEST -

Natural Prod. Test: 9 gal. per hour bailing Choke  
bbbls, oil, bbbls water in hrs, min. Size  
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of  
load oil used): 50 bbbls, oil, -0- bbbls water in 24 hrs, min. Size pumping Choke

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 29,400 gal petrolol & 76,000 lbs. sand

Casing Tubing Date first new  
Press. 350 Press. 225 oil run to tanks April 14, 1961

Oil Transporter Continental Pipeline Company

Gas Transporter Phillips Petroleum Company

Remarks:

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

Approved April 19, 1961, 19 61 Kincaid & Watson Drilling Company  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title: Asst. Sec. for Operations

By: [Signature]  
(Signature)

Title: Assistant Secretary

Send Communications regarding well to:

Name: Kincaid & Watson Drilling Company

Address: Box 498, Artesia, New Mexico

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO		RECEIVED APR 19 1961	FORM C-110 (Rev. 7-60)
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE			

Company or Operator <b>Kincaid &amp; Watson Drilling Company</b>				Lease <b>Aztec Federal</b>		ARTESIA, OFFICE Well No. <b>3</b>	
Unit Letter <b>H</b>	Section <b>15</b>	Township <b>17 South</b>	Range <b>28 East</b>	County <b>Eddy</b>			
Pool <b>Red Lake</b>				Kind of Lease (State, Fed, Fee) <b>Federal NM-012896</b>			

If well produces oil or condensate give location of tanks		Unit Letter <b>G</b>	Section <b>15</b>	Township <b>17 South</b>	Range <b>28 East</b>
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Continental Pipeline Company</b>			Address (give address to which approved copy of this form is to be sent) <b>Box 367, Artesia, New Mexico</b>		

Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Date Connected <b>4-14-61</b> Address (give address to which approved copy of this form is to be sent) <b>Bartlesville, Oklahoma</b>

If gas is not being sold, give reasons and also explain its present disposition:

REASON(S) FOR FILING (please check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Remarks	

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.	
Executed this the <b>19</b> day of <b>April</b> , 19 <b>61</b> .	
OIL CONSERVATION COMMISSION	By <b>G. R. Holmes</b>
Approved by <b>M. L. Armstrong</b>	Title <b>Assistant Secretary</b>
Title <b>Oil and Gas Inspector</b>	Company <b>Kincaid &amp; Watson Drilling Company</b>
Date <b>APR 19 1961</b>	Address <b>P.O. Box 498, Artesia, New Mexico</b>