NEW XICO OIL CONSERVATION COMM. ON
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.

Midland, Texas (Place) March 3, 1959 (Date)

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

John B. Castle & H. Bruce Wignell - Gulf-State (Company or Operator) (Lease), Well No. 1, in NW ¼ NE ¼,

B (Unit Letter), Sec. 22, T. 17S, R. 28E, NMPM., Red Lake Pool

Eddy County. Date Spudded 1-17-59 Date Drilling Completed 2-24-59

Please indicate location:

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

330N 2310E

Elevation 3558 G.L. Total Depth 2017' PBTD

Top Oil/Gas Pay 1970' Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations Open Hole

Open Hole 1970' - 2017' Depth Casing Shoe 1970' Depth Tubing 1965'

OIL WELL TEST -

Natural Prod. Test: 5 gals bbls. oil, 0 bbls water in 2 hrs, ____ min. Choke Size ____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 38 bbls. oil, 10 bbls water in 24 hrs, ____ min. Choke Size 3/4"

GAS WELL TEST -

Natural Prod. Test: ____ 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): F/20,000 Gals. and 30,000 lbs.

Casing Press. 320 Tubing Press. 110 Date first new oil run to tanks 3-15-59

Oil Transporter Malco Refineries, Inc.

Gas Transporter ____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	525	50
5-1/2"	1970'	100
2"	1965'	

Remarks: ____

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

Approved APR 8 1959, 19____

OIL CONSERVATION COMMISSION

By: M L Armstrong

Title ____

John B. Castle & H. Bruce Wignell (Company or Operator)

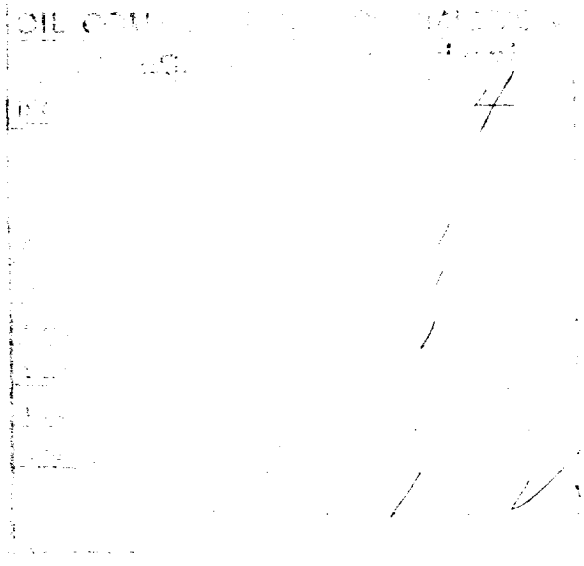
By: J. B. Castle (Signature)

Title Partner

Send Communications regarding well to:

Name Castle & Wignell

Address Box 868, Midland, Texas



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 Wigsell Lease Gulf-State

Well No. 1 Unit Letter B S 22 T 17S R 28E Pool Red Lake

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

If well produces oil or condensate, give location of tanks: Unit B S 22 T 17S R 28E

Authorized Transporter of Oil or Condensate Malco Refineries, Inc.

Address Box 660, 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:

Gas flared, in non-commercial quantity

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 _____ day of _____ 19____

By J. B. Castle

Title Partner

Company Castle & Wigsell

Address Box 868

Midland, Texas

Approved _____ 19____

OIL CONSERVATION COMMISSION

By M L Armstrong

Title _____