

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

June 18, 1959

(Place)

(Date)

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

Western Development Co. of Del. Mc Callister, Well No. 1, in NE 1/4 SE 1/4,

I (Company or Operator)

(Lease) Fed.

Unit Letter Sec. 15, T. 16 S, R. 29 E, NMPM., High Lonesome Pool

Unit Letter

Eddy

County. Date Spudded 5-20-59

Date Drilling Completed 6-12-59

Please indicate location:

Elevation 3700 DF

Total Depth 1997' PBTD ---

Top Oil/Gas Pay 1969'

Name of Prod. Form. Penrose

PRODUCING INTERVAL -

Perforations

Open Hole 1969-1997 Depth Casing Shoe 1969 Depth Tubing 1948

OIL WELL TEST -

Natural Prod. Test: 40 bbls. oil, bbls water in 24 hrs, -- min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 137.5 bbls. oil, 0 bbls water in 5 hrs, -- min. Choke Size 1/2"

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): 40,500 gals. and 135,00 lbs. sand

Casing Press. 325 Tubing Press. 210 Date first new oil run to tanks June 16, 1959

Oil Transporter High Lonesome Pipe Line Company

Gas Transporter None

Remarks:

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

Approved. JUN 22 1959, 19

Western Development Company of Del.

(Company or Operator)

By: W B Macey (Signature)

Title Vice President

Send Communications regarding well to:

Name Western Development Company

Address P.O. Box 427, Artesia, N.M.

OIL CONSERVATION COMMISSION

By: M L Armstrong

Title OIL DISTRICT MANAGER

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 Western Development Company of Del. Lease Mc Callister Federal

Well No. 1 Unit Letter I S 15 T 16 S R 29 E Pool High Lonesome

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

If well produces oil or condensate, give location of tanks: Unit G S 15 T 16 S R 29 E

Authorized Transporter of Oil ~~or Condensate~~ High Lonesome Pipe Line Company

Address P. O. Box 1268, 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:

No market

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

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 18th day of June 19 59.

By W B Macey

Approved ML Armstrong 19 59

Title Vice President

OIL CONSERVATION COMMISSION

Company Western Development Co. of Del.

By ML Armstrong

Address P. O. Box 427

Title _____

Artesia, New Mexico