

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 March 1, 1962
(Place) (Date)

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

Western Development Company of Delaware McCallister - Fed. 7, in NW 1/4 SE 1/4,
(Company or Operator) (Lease)

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

Eddy

County. Date Spudded 2-2-62 Date Drilling Completed 2-7-62

Please indicate location:

Elevation 3691' GL Total Depth 1998' PBD 1997'

Top Oil/Gas Pay 1965' Name of Prod. Form. Penrose

PRODUCING INTERVAL -

Perforations 1965 - 70'

Open Hole None Depth Casing Shoe 1997' Depth Tubing 1935'

OIL WELL TEST -

Natural Prod. Test Not est. bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke
load oil used): 15 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size Pump

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): 60,000 lb. sand using 635 barrels lease crude.

Casing Tubing Date first new
Press. Pump Press. Pump oil run to tanks 2-28-62

Oil Transporter Permian Oil Corporation RECEIVED

Gas Transporter None

Remarks: On same unit with well No. MAY 1962

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

Approved: MAY 7 1962, 19

Western Development Company of Delaware
(Company or Operator)

OIL CONSERVATION COMMISSION

By: P. M. L. (Signature)

By: M. L. Armstrong

Title Production Superintendent
Send Communications regarding well to:

Title OIL AND GAS INSPECTOR

Name Western Development Co. of Delaware

Address P. O. Box 427, Artesia, New Mexico

NUMBER OF COPIES RECEIVED <u>17</u> DISTRIBUTION SANTA FE <u>1</u> FILE <u>1</u> U.S.G.S. <u>1</u> LAND OFFICE <u>1</u> TRANSPORTER <u>1</u> OIL GAS <u>1</u> PRORATION OFFICE <u>1</u> OPERATOR <u>1</u>		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			FORM C-110 (Rev. 7-60)	
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE						
Company or Operator Western Development Company of Delaware				Lease McCallister-Federal		
Unit Letter J		Section 15		Township 16-S		
Range 29-E		County Eddy				
Pool High Lonesome				Kind of Lease (State, Fed, Fee) Federal		
If well produces oil or condensate give location of tanks		Unit Letter J		Section 15		
		Township 16-S		Range 29-E		
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Permian Oil Corporation			Address (give address to which approved copy of this form is to be sent) Midland, Texas			
Is Gas Actually Connected? Yes _____ No <u>X</u>						
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected		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: Volume of gas insufficient to economically connect.						
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"/>						
RECEIVED MAR 5 1962 O. C. C. ARTESIA OFFICE						
Remarks						
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.						
Executed this the <u>1st</u> day of <u>March</u> , 19 <u>62</u> .						
OIL CONSERVATION COMMISSION			By <u>R. M. Wasey</u>			
Approved by <u>M. L. Armstrong</u>			Title Production Superintendent			
Title <u>Production Superintendent</u>			Company Western Development Co. of Delaware			
Date MAR 5 1962			Address P. O. Box 427, Artesia, New Mexico			