

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 Feb. 17, 1959
(Place) (Date)

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

Neil E. Salsich Leonard State, Well No. 6, in SE 1/4 SE 1/4,
(Company or Operator) (Lease)

P, Sec. 36, T. 16S, R. 29E, NMPM., Square Lake Pool
Unit Letter

Eddy

Please indicate location:

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

6608 6608 E

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	393	150
5-1/2	2760	150

County. Date Spudded 1-5-59 Date Drilling Completed 1-27-59
Elevation 3700 Total Depth 2760 FBTD 2750

Top Oil/Gas Pay 2606 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 2606-12, 2669-77, 2711-40
Open Hole Depth Casing Shoe 2760 Depth Tubing 2650

OIL WELL TEST -

Natural Prod. Test: 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): 65 bbls. oil, 0 bbls water in 24 hrs, min. Size 18/64"

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): 750 gal. mud acid, 24000 gal. oil & 134,000# sand.

Casing Tubing Date first new Press. 350 Press. 120 oil run to tanks Feb. 16, 1959

Oil Transporter Texas - New Mexico Pipeline Co.

Gas Transporter

Remarks:

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

Approved, 19.

OIL CONSERVATION COMMISSION

By: M. L. Brantley

Title

Neil E. Salsich

(Company or Operator)

By: John Scott Allen (Signature)

Title Geologist

Send Communications regarding well to:

Name Neil E. Salsich

Address 304 Central Bldg., 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 Neil E. Salsich Lease Leonard State
Well No. 6 Unit Letter P S 36 T 16S R 29E Pool Square Lake
County Eddy Kind of Lease (State, Fed. or Patented) State
If well produces oil or condensate, give location of tanks: Unit N S 36 T 16S R 29E
Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline Co.
Address P.O. Box 1510, Midland, Texas
(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 being rented - not commercial

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 John Scott Alcorn

Approved _____ 19____

Title Geologist

OIL CONSERVATION COMMISSION

Company Neil E. Salsich, Jr.

By M. H. Armstrong

Address 304 Central Bldg., Midland,
Texas

Title _____