

REQUEST FOR (OIL) - (GAS) ALLOWABLE APR 18 1961
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 filed. 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)

April 14, 1961
(Date)

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

Bob Dean, Ltd. So. Union-Federal, Well No. 2, in 1/4 - 1/4,
(Company or Operator) (Lease)
Lot 11, Sec. 1, T-16-S, R-30-E, NMPM., W. Henshaw Grayburg Pool
Unit Letter

Eddy

Please indicate location:

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

County. Date Spudded. 3-9-61 Date Drilling Completed 4-9-61
Elevation 3942 Gr. Total Depth 3042 PBD
Top Oil/Gas Pay 3016 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 3026-36
Open Hole Depth Casing Shoe 3042 Depth Tubing 3020

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): 170 bbls. oil, 0 bbls water in 24 hrs, - min. 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): 450 bbls. oil, 30,000# sand

Casing Tubing Date first new
Press. 450 Press. 450 oil run to tanks 4-12-61

Oil Transporter The Permian Corporation

Gas Transporter

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	489	50
7	91	-
4 1/2	3042	120
2	3020	-

Remarks:

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

Approved: APR 18 1961, 19.....

Bob Dean, Ltd.

(Company or Operator)

By:

(Signature)

Title Agent

Send Communications regarding well to:

Name W. Pickett

Address 909 Midland Savings Bldg., Midland, Texas

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title

OIL CONSERVATION DIVISION	
OIL CONSERVATION DIVISION	
10. Date of Report	4
11. Name of Operator	
12. Name of Engineer	
13. Name of Inspector	
14. Name of Assistant Inspector	
15. Name of Assistant Engineer	
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100. Name of Assistant Inspector	

NUMBER OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
PRODUCTION OFFICE		
OPERATOR		2

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

RECEIVED
FORM O-110
(Rev. 7-60)
APR 18 1961

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE **O. C. C.**

Company or Operator Bob Dean, Ltd.				Lease So. Union-Federal		ARTESIA, OFFICE Well No. 2	
Unit Letter Lot 11	Section 1	Township 16-S	Range 30-E	County Eddy			
Pool W. Henshaw Grayburg				Kind of Lease (State, Fed, Fee) Federal			
If well produces oil or condensate give location of tanks			Unit Letter Lot 11	Section 1	Township 16-S	Range 30-E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> The Permian Corporation				Address (give address to which approved copy of this form is to be sent) Box 4157, Midland, Texas			
Is Gas Actually Connected? Yes _____ No <input checked="" type="checkbox"/> _____							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> none			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:

No outlet - gas being vented

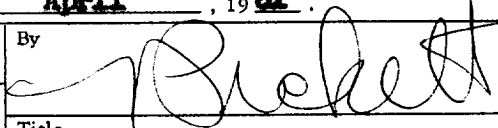
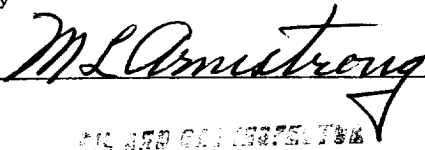
REASON(S) FOR FILING (please check proper box)

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 14th day of April, 1961.

OIL CONSERVATION COMMISSION		By 
Approved by 	Title Agent	
Title OIL AND GAS CONSERVATION	Company Bob Dean, Ltd.	
Date	Address W. Pickett, 909 Midland Savings Bldg. Midland, Texas	