

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

RECEIVED  
MAY 19 1961  
Form C-104  
Issued 7/1/57  
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

May 17, 1961

(Place)

(Date)

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

Bob Dean, Ltd. So. Union-Federal

Well No. 3

(Company or Operator)

(Lease)

Lot 15, Unit Q

Unit Letter

T-16-S

R 30-E

NMPM, Undesignated

Pool

Eddy

Please indicate location:

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

County. Date Spudded 4-9-61

Date Drilling Completed

5-10-61

Elevation 3947 OR.

Total Depth

3088

PBTD

Top Oil/Gas Pay 3046

Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 3048-54; 3060-66

Open Hole

Depth

Casing Shoe 3088

Depth

Tubing 3010

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Choke Size \_\_\_\_\_

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 145 bbls. oil, 0 bbls water in 24 hrs, - min. Choke Size 20/64

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): 20,000 gal. oil, 25,000# sand

Casing Press. 500# Tubing Press. 350# Date first new oil run to tanks 5-12-61

Oil Transporter The Permian Corporation

Gas Transporter Skelly Oil Company

Remarks: Flowing

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

Approved \_\_\_\_\_, 19\_\_\_\_\_

Bob Dean, Ltd.

(Company or Operator)

By: \_\_\_\_\_

(Signature)

OIL CONSERVATION COMMISSION

By: W. A. Gressett

Title Agent

Send Communications regarding well to:

Title OIL AND GAS INSPECTOR

Name c/o V. Pickett

Address 909 Midland Savings Bldg., Midland,

OIL CONSERVATION COMMISSION		
ARTESIA DISTRICT OFFICE		
No. Copies Received	4	
DISTRIBUTION		
	COPIES FURNISHED	
OPERATOR		
SANTA FE		
PROBATION OFFICE		
STATE LAND OFFICE		
U. S. G. S.		
TRANSPORTER		
FILE		
BUREAU OF MINES		

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

**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)  
**RECEIVED**  
**MAY 19 1961**

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Bob Dean, Ltd.</b>				Lease <b>So. Union-Federal</b>		J. E. C. ARTESIA, OFFICE	
Unit Letter <b>Lot 15</b>	Section <b>1</b>	Township <b>16-S</b>	Range <b>30-E</b>	County <b>Eddy</b>			
Pool <b>Undesignated</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>Lot 15</b>	Section <b>1</b>	Township <b>16-S</b>	Range <b>30-E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>  <b>The Permian Corporation</b>				Address (give address to which approved copy of this form is to be sent)  <b>Box 4157, Midland, Texas</b>			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>  <b>Skelly Oil Company</b>			Date Connected <b>5-10-61</b>	Address (give address to which approved copy of this form is to be sent)  <b>Box 1650, Tulsa, Oklahoma</b>			

If gas is not being sold, give reasons and also explain its present disposition:



**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 17th day of May, 19 61.

OIL CONSERVATION COMMISSION		By 
Approved by 	Title <b>Agent</b>	
Title <b>OIL AND GAS INSPECTOR</b>	Company <b>Bob Dean, Ltd.</b>	
Date <b>MAY 19 1961</b>	Address <b>V. Pickett 909 Midland Savings Bldg., Midland, Texas</b>	