

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 QUADRUPPLICATE 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.

Lovington, New Mexico August 25, 1958
(Place) (Date)

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

Southwestern, Inc. (Company or Operator) Detail, Well No. 3, in. NW 1/4 SE 1/4, (Lease)

J. Letter, Sec. 31, T. 16-S, R. 30-E, NMPM., Square Lake Pool

Eddy County. Date Spudded July 3, 1958 Date Drilling Completed August 23, 1958
Please indicate location: Elevation 3699 Total Depth 2791 FBTD

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

Top Oil/Gas Pay 2603-09 Name of Prod. Form. Metex

PRODUCING INTERVAL -

Perforations 2603-09; 2711-23; 2758-85
Open Hole NO Casing Shoe 2791 Depth 2635

OIL WELL TEST -

Natural Prod. Test: 67 bbls. oil, none bbls water in hrs, min. Choke Size 16/64

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 67 bbls. oil, none bbls water in hrs, min. Choke Size 16/64

GAS WELL TEST -

Natural Prod. Test: none MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	467	50
7	2051	none
5 1/2	2788	150
2	2635	none

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): 250 Gals. Acid per each zone, 20,000 gals. Sandfrac

Casing 22,000 lbs. 20/40 Sand new
Press. Packer Press. oil run to tanks August 24, 1958

Oil Transporter Gas Plus Petroleum Co

Gas Transporter

Remarks:

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

Approved. AUG 23 1958, 19

Southwestern, Inc.
(Company or Operator)

By: (Signature)
(Signature)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong
Title

Title: President
Send Communications regarding well to:

Name: Southwestern, Inc.

Address: Box 1116, Lovington, N. M.

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 Southwestern, Inc. Lease DeKalb NM 04393
Well No. 3 Unit Letter J S 31 T 16-SR 30-E Pool Square Lake
County Eddy Kind of Lease (State, Fed. or Patented) FEDERAL
If well produces oil or condensate, give location of tanks: Unit P S 31 T 16-SR 30-E
Authorized Transporter of Oil or Condensate Cactus Petroleum Co. /V.L. Allen
Address Artesia, New Mexico

(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:

Vented from tank Battery

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)

DeKalb-Federal # 3

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 25 day of August 19 58

By [Signature]

Approved AUG 25 1958 19

Title President

Company Southwestern, INC.

Address Box 1116

Lovington, New Mexico

OIL CONSERVATION COMMISSION

By [Signature]

Title OIL AND GAS INSPECTOR

OIL CONSERVATION COMMISSION

ARTESIA DISTRICT OFFICE

No. Copies Received 5

DATE RECEIVED

BY

NAME

POSITION

COMPANY

STATE

U.S. DISTRICT

COURT

FILE NO.

