

# 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.

Lovington, New Mexico  
(Place)

Oct. 14, 58  
(Date)

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

Southwestern Inc.  
(Company or Operator)

DeKalb-Federal  
(Lease)

Well No. 4, in 10  $\frac{1}{4}$  SS  $\frac{1}{4}$

I Eddy, Sec. 31, T. 16 S, R. 30 E, NMPM., Square Lake Pool

Eddy

County. Date Spudded Sept. 4, 58 Date Drilling Completed Oct. 9, 58

Please indicate location:

Elevation 3698 Total Depth 2832 PETD

Top Oil/Gas Pay 2624 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 2624-2638-2740-2751-2788-2803

Open Hole 2847 Casing Shoe 2847 Depth 2832 Tubing 2613

OIL WELL TEST -

Natural Prod. Test: 56 bbls. oil, 2 bbls water in 2 hrs, 10/64 min. Size 10/64

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 56 bbls. oil, 2 bbls water in 2 hrs, 10/64 min. Size 10/64

GAS WELL TEST -

Natural Prod. Test: 56 MCF/Day; Hours flowed 2 Choke Size 10/64

Method of Testing (pitot, back pressure, etc.): 10/64

Test After Acid or Fracture Treatment: 56 MCF/Day; Hours flowed 2

Choke Size 10/64 Method of Testing: 10/64

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 250 gals. Mud Acid, 20,000 gals. oil, 20,000 Sand

Casing 250 gals. Press. 125 oil run to tanks 10-14-58

Oil Transporter Cactus Petroleum Corp. Agent-V. L. Allen Trans.

Gas Transporter 10-14-58

Remarks: 10-14-58

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

Approved: 19

Southwestern, Inc.  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: E. H. H. H.  
(Signature)

By: M. L. Armstrong

Title: Office mgr.  
Send Communications regarding well to:

Title: 10-14-58

Name: Southwestern, Inc.

Address: Box 1116, Lovington, N. M.

CIL COMBINATION COMMISSION  
ADVISORY OFFICE  
No. 1000

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-Federal  
Well No. 1 Unit Letter I S 31 T 16-S R 30-E Pool Square Lake  
County Eddy County, N.M. Kind of Lease (State, Fed. or Patented) Federal  
If well produces oil or condensate, give location of tanks: Unit P S 31 T 16-S R 30-E  
Authorized Transporter of Oil or Condensate Cactus Petroleum Corp. Agent W. Allen Tans. Co.

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:

Gas/ vented-not commercial

Reasons for Filing: (Please check proper box) New Well \_\_\_\_\_ ( )  
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 [Signature]  
Title Office gr.

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

OIL CONSERVATION COMMISSION

By ML Armstrong  
Title \_\_\_\_\_

Company Southwestern, Inc.  
Address Box 1116  
Lovington, N.M.

OIL CONSERVATION COMMISSION	
AFTER DISTRICT OFFICE	
No. Copies Made	4
Date	
By	
Checked	
Approved	
Signature	
Initials	
Time	
Place	
Remarks	