

**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 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**

**February 25, 1959**

(Place)

(Date)

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

**The Texas Company**

**Etz-Federal NCT-1**

Well No. **2**, in **SW**  $\frac{1}{4}$  **SW**  $\frac{1}{4}$ ,

(Company or Operator)

**M**

Sec. **31**

T. **16-S**

(Lease)

R. **30-E**

**Square Lake**

Pool

Unit Letter  
**Eddy**

County. Date Spudded **Feb. 7, 1959**

Date Drilling Completed **Feb. 17, 1959**

Please indicate location:

|          |   |   |   |
|----------|---|---|---|
| D        | C | B | A |
| E        | F | G | H |
| L        | K | J | I |
| M        | N | O | P |
| <b>x</b> |   |   |   |

Elevation **3705' (DF)** Total Depth **2785'** PBTD **2760'**

Top Oil/Gas Pay **2685'** Name of Prod. Form. **Square Lake Queen**

**PRODUCING INTERVAL -**

Perforations **2685' to 2694' and 2728' to 2740'**

Open Hole **None** Depth **2785'** Casing Shoe **2730'** Depth **2730'** Tubing

**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 load oil used): **40** bbls. oil, **No** bbls water in **3** hrs, **0** min. Size **23/64"** Choke

**GAS WELL TEST -**

Natural Prod. Test: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

**Tubing, Casing and Cementing Record**

| Size          | Feet         | Sax        |
|---------------|--------------|------------|
| <b>8 5/8"</b> | <b>464'</b>  | <b>340</b> |
| <b>4 1/2"</b> | <b>2770'</b> | <b>400</b> |
| <b>2 3/8"</b> | <b>2730'</b> | <b>-</b>   |

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): **See remarks**

Casing **3400#** Tubing **✓** Date first new **February 22, 1959**  
Press. **3400#** Press. **oil run to tanks**

Oil Transporter **Texas-New Mexico Pipe Line Company**

Gas Transporter **None**

Remarks: **Acidized all Perfs. w/1000 gals. LST acid and fractured w/20,000 gals ref. oil and 40,000# sand**

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

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

**The Texas Company**

(Company or Operator)

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

(Signature)

Title **Asst. Dist. Supt.**

Send Communications regarding well to:  
**F. M. Loop**

Name **The Texas Company**

Address **P. O. Box 352, Midland, Texas**

**OIL CONSERVATION COMMISSION**

By: **M. L. Armstrong**

Title \_\_\_\_\_

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 The Texas Company Lease Ets-Federal NCT-1  
Well No. 2 Unit Letter M U S 31 T 16-S R 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 L S 31 T 16-S R 30-E  
Authorized Transporter of Oil or Condensate Texas-New Mexico Pipe Line Company  
Address Box 1510, Midland, Texas  
(Give address to which approved copy of this form is to be sent)  
Authorized Transporter of Gas None\*  
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:  
\*Casinghead gas being flared due to lack of market.

Reasons for Filing: (Please check proper box) New Well 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 25th day of February 19 59

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

OIL CONSERVATION COMMISSION

By M L Armstrong

Title \_\_\_\_\_

By [Signature]

Title Asst. Dist. Supt.

Company The Texas Company

Address P. O. Box 352

Midland, Texas