

NEW MEXICO OIL CONSERVATION COMMISSION	
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

(Form C-104)  
Revised 7/1/57

## REQUEST FOR (OIL) - (GAS) ALLOWABLE RECEIVED

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

April 2, 1962

(Place)

(Date)

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

DOB Oil Properties, Inc. Tidewater State, Well No. 1, in NE 1/4 SE 1/4,  
(Company or Operator) (Lease)

I, Sec. 32, T. 16S, R. 31E, NMPM, Square Lake Pool  
Unit Later

Edgy

Please indicate location:

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

1980 S & 660 EL.

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	350	250
5-1/2	3520	175
2	3355	

County. Date Spudded 2-12-62 Date Drilling Completed 2-25-62  
Elevation 3923 Total Depth 3520 PBTD 3512

Top Oil/Gas Pay 3304 Name of Prod. Form. Metox, Premier, Lovingyon

PRODUCING INTERVAL -

Perforations 3304-3311; 3346-3350; 3414-21; 3489-98;

Open Hole Depth 3520 Depth 3355  
Casing Shoe 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): 38.60 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 22/64 Choke

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): 40,000 gal. oil with 38 sand/gal.

Casing 150 Tubing 100 Date first new 3-31-62  
Press. oil run to tanks

Oil Transporter The Permian Corporation

Gas Transporter Phillips Petroleum Company

Remarks:

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

Approved APR 5 1962 April 2, 19 62

DOB Oil Properties, Inc.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: M.L. Armstrong

Title OIL AND GAS INSPECTOR

By: (Signature)

Title Agent

Name Send Communications regarding well to:  
DOB Oil Properties, Inc.

Address Box 953, Midland, Texas

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)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>DOB Oil Properties, Inc.</b>				Lease <b>Tidewater-State</b>		Well No. <b>1</b>	
Unit Letter <b>2</b>	Section <b>32</b>	Township <b>16S</b>	Range <b>31E</b>	County <b>Eddy</b>			
Pool <b>Squero Lake</b>				Kind of Lease (State, Fed, Fee) <b>State</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>1</b>	Section <b>32</b>	Township <b>16S</b>	Range <b>31E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>  <b>52a Permian Corporation</b>				Address (give address to which approved copy of this form is to be sent)  <b>Box 3119, Midland, Texas</b>			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>			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:

**Presently negotiating with Phillips Petroleum Company**

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

New Well ..... ☒ Change in Ownership ..... ☐  
 Change in Transporter (check one) Other (explain below)  
 Oil ..... ☐ Dry Gas .... ☐  
 Casing head gas . ☐ Condensate . . ☐

**RECEIVED**

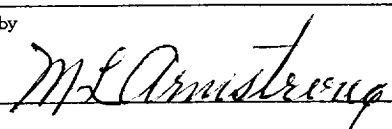
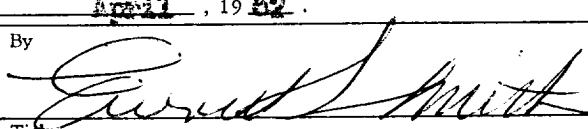
**APR 5 1962**

**O. C. C.**  
**ARTESIA, OFFICE**

Remarks
---------

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

Executed this the 2nd day of April, 19 62.

OIL CONSERVATION COMMISSION		By
Approved by		
Title		Title
<b>OIL AND GAS INSPECTOR</b>		<b>Agent</b>
Date		Company
<b>APR 5 1962</b>		<b>DOB Oil Properties, Inc.</b>
		Address
		<b>Box 953, Midland, Texas</b>