

NEW MEXICO OIL CONSERVATION COMMISSION	
DISTRIBUTION	
SALE OFFICE	
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

APR 23 1962

This form shall be submitted by the operator before an initial allowable is 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 the 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.

(Place)

(Date)

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

(Company or Operator)

(Lease)

Well No. \_\_\_\_\_, in \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4,

Unit Letter

Sec. \_\_\_\_\_, T. \_\_\_\_\_, R. \_\_\_\_\_, NMPM. \_\_\_\_\_ Pool

Please indicate location:

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

County. Date Spudded \_\_\_\_\_

Date Drilling Completed \_\_\_\_\_

Elevation \_\_\_\_\_ Total Depth \_\_\_\_\_ PBTD \_\_\_\_\_

Top Oil/Gas Pay \_\_\_\_\_ Name of Prod. Form. \_\_\_\_\_

PRODUCING INTERVAL -

Perforations \_\_\_\_\_

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Depth \_\_\_\_\_  
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): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_ 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): \_\_\_\_\_

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. \_\_\_\_\_ Press. \_\_\_\_\_ oil run to tanks \_\_\_\_\_ 4-18-62

Oil Transporter \_\_\_\_\_

Gas Transporter \_\_\_\_\_

Remarks:

ILLECIBLE

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

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

OIL CONSERVATION COMMISSION

By: *M. L. Armstrong*

Title: OIL AND GAS INSPECTOR

(Company or Operator)

By: *Ernest J. Smith*  
(Signature)

Title: \_\_\_\_\_

Send Communications regarding well to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**DOB Oil Properties, Inc.**

Lease

**Tidewater State**

Well No.

**2**

Unit Letter

**0**

Section

**32**

Township

**163**

Range

**31E**

County

**Elroy**

Pool

**Square Lake**

Kind of Lease (State, Fed, Fee)

**State**

If well produces oil or condensate  
give location of tanks

Unit Letter

**I**

Section

**32**

Township

**163**

Range

**31E**

Authorized transporter of oil ☒ or condensate ☐

**The Porcain Corporation**

Address (give address to which approved copy of this form is to be sent)

**Box 3119, Midland, Texas**

Is Gas Actually Connected? Yes ☐ No ☒

Authorized transporter of casing head gas ☐ or dry gas ☐

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:

**Phillips Petroleum Company contract signed. Connection will be made within 45 days.**

**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 23 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 **19th** day of **April** 19 **62**.

**OIL CONSERVATION COMMISSION**

By

Approved by

Title

Title

Company

Date

Address

**OIL AND GAS INSPECTION**

**DOB Oil Properties, Inc.**

**APR 23 1962**

**Box 953, Midland, Texas**