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**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mexico

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

**REQUEST FOR (OIL) - (GAS) ALLOWABLE**

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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.

3-20-62  
(Date)

(Place)

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

1000 Oil Properties, Inc. - Northern Development, Well No. 2, in NW 1/4, SE 1/4,  
(Company or Operator) (Lease)  
T. 16S, R. 31E, NMPM, Santa Fe, New Mexico Pool

Please indicate location:

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

County. Date Spudded 3-16-62 Date Drilling Completed 3-25-62  
Elevation 3805 Total Depth 3185 PBD 3150

Top Oil/Gas Pay 3234 Name of Prod. Form. Premier & San Andres

PRODUCING INTERVAL - 3220-3222; 3245-3248; 3273-3277; 3282-3283; 3310-3306

Perforations 3220-3222; 3245-3248; 3273-3277; 3282-3283; 3310-3306

Open Hole Depth 3185 Casing Shoe 3185 Tubing 3250

**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 Choke load oil used): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size 29/64

**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): 65000 gal. oil with 24 sand/gal

Casing Press. 150 Tubing Press. 75 Date first new oil run to tanks 3-15-62

Oil Transporter The Mexican Gas 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 MAR 22 1962, 19

**OIL CONSERVATION COMMISSION**

By: M. L. Armstrong

Title: CHIEF GAS INSPECTOR

By: \_\_\_\_\_ (Company or Operator)

By: \_\_\_\_\_ (Signature)

Title: Agent

Send Communications regarding well to:

Name: 1000 Oil Properties, Inc.

Address: Box 160, Santa Fe, New Mexico

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**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 <u>MO Oil Properties, Inc.</u>				Lease <u>Eastern Development State-A</u>		Well No. <u>2</u>
Unit Letter <u>P</u>	Section <u>32</u>	Township <u>16S</u>	Range <u>31E</u>	County <u>El Paso</u>		
Pool <u>Agua Fria</u>				Kind of Lease (State, Fed, Fee) <u>State</u>		
If well produces oil or condensate give location of tanks		Unit Letter <u>P</u>	Section <u>32</u>	Township <u>16S</u>	Range <u>31E</u>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <u>The Permian Corporation</u>				Address (give address to which approved copy of this form is to be sent) <u>Box 3119, Midland, Texas</u>		

Is Gas Actually Connected? Yes X No     

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> <u>Permian Petroleum Company</u>		Date Connected <u>2-1-62</u>	Address (give address to which approved copy of this form is to be sent) <u>Box 1187, Midland, Texas</u>
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If gas is not being sold, give reasons and also explain its present disposition:

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

New Well ☒  
 Change in Transporter (check one)  
 Oil ☐ Dry Gas ☐  
 Casing head gas ☐ Condensate ☐

Change in Ownership ☐  
 Other (explain below)

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MAR 22 1962

U. S. G.  
 FEDERAL OFFICE

Remarks

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

Executed this the 20th day of March, 19 62.

OIL CONSERVATION COMMISSION		By <u>[Signature]</u>
Approved by <u>[Signature]</u>		Title <u>Agent</u>
Title <u>DEPUTY INSPECTOR</u>		Company <u>MO Oil Properties, Inc.</u>
Date <u>MAR 22 1962</u>		Address <u>Box 903, Midland, Texas</u>