NE[®] MEXICO OIL CONSERVATION CON[®] 'SSION Santa Fe, New Mexico

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 5/15/63

			(Place)	(Date)
			ING AN ALLOWABLE FOR A WELL KNOWN AS:	
astle and	d Wigzell mpany or Op	L Py erator)	(Lease) Well No. 1. , in. NE.	'4SE ¹ /4,
1	, Sec.		, T. 175, R	Pool
Unit Let			A	5/9/62
			County. Date Spudded 4/10/63 Date Drilling Completed Elevation 3681 G.L. Total Depth 1999 PBTI	
Pleas	se indicate l	ocation:		
D	C B	A	Top Oil/Gas Pay_ 1956Name of Prod. Form. <u>Graybur</u>	'8
			PRODUCING INTERVAL -	
	F G	+	Perforations 1956 - 62 Depth Depth Depth	······
E	F G.	H	Open HoleCasing ShoeDepth Casing ShoeTubing	<u> </u>
			OIL WELL TEST -	
L	K J	I _o	Natural Prod. Test:bbls.oil,bbls water inhre	Choke 5,min. Size
			Test After Acid or Fracture Treatment (after recovery of volume of oil e	equal to volume of
MN	NO	Р	load oil used): <u>42</u> bbls.oil, <u>0</u> bbls water in <u>24</u> hrs,	min. Size_1/2
			GAS WELL TEST -	
10 FSL	& 330 FI	EL	MCF/Day; Hours flowedCho)	ka Cina
			······································	(e Size
Size	ing and Ceme Feet	Sax		
	1 1		Test After Acid or Fracture Treatment:MCF/Day; Hour	
8-5/8	459'	60	Choke SizeMethod of Testing:	
4-1/2	1998'	75	Acid or Fracture Treatment (Give amounts of materials used, such as acid	l, water, oil, and
			sand): A/100 gal., F/25,000 gals, + 50,000 lbs.	Q
2	1946'		Casing 260 Tubing 90 Date first new 5/14/63 Press. 90 oil run to tanks 5/14/63	
	1		Oil Transporter Permian Corporation	
			Phillips Petroleum Co	
Remarks :			Gas Transporter Contraction Contraction	W LV
			Q	WE CLOU
******	• • • • • • • • • • • • • • • • • • • •	*****		A. A.
	······	••••••		
			ormation given above is true and complete to the best of my knowledge.	
Approved	MAI <u>2</u> .(, 19. Castle and Wigzell (Company or Operator)	······································
_			Amplicall	
OI	L CONSER	VATION	COMMISSION By: Signature)	
/	V,a.	G.	Partner	
By:		<u>-jne</u>	Send Communications regarding	well to:
Title		AS INSPEC		
			Name. Castle and Wigzell	
			Address. Box 868, Midland, 7	ſexas
			Line Contraction of the Contract	

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

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