RECEIVED 1 N MEXICO OIL CONSERVATION CL. MISSION (Form C-104) At R 2 196 3 Levised 7/1/57 Santa Fe, New Mexico REQUEST FOR (OIL) - (GAS) ALLOWABLE De L. D. Wew Well ARTESIA, OFFICE 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. Artesia, New Mexico April 29, 1963 (Place) (Date) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Kennedy Oil Co., Inc. Kennedy Fed. Well No. 1 in SE 1/4 NE 1/4 (Lease) (Company or Operator) Eddy County. Date Spudded 4/11/63 Date Drilling Completed 4/21/63 Elevation 4034 DF Total Depth 3729 PBTD 3727 Please indicate location: Top Oil/Gas Pay 3474 Name of Prod. Form. Greyburg-Sen Andres D C B A PRODUCING INTERVAL -Perforations 3474-78; 3536-38; 3545-47; 3551-53 & 3681-89 G H Depth Casing Shoe 3729 Ε F Tubing 3446 None Open Hole X OIL WELL TEST -K J Ι L Choke Natural Prod. Test: **DORC** bbls.ci., _____bbls water in ____hrs, ___min. Size Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of M N 0 P Choke load oil used): 61 bbls.oil, 0 bbls water in 24 hrs, min. Size 🔐 GAS WELL TEST -

28-16-31 Tubing Casing and Cementing Record

Method of Testing (pitot, back pressure, etc.):_____ Size Feet Sax Choke Size 13 3/8 25 22 53 3729 200 2 3/8 3446 Casing Press Oil Transporter

MCF/Day; Hours flowed Test After Acid or Fracture Treatment: Method of Testing: Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 24,000 gal. ref. 011, 30M sand, 750 gal 157 NE acid Tubing TubingDate first new500Press. 350oil run to tanks4/29/63 Continental Pipe Line Co.

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

Box 151 Artesia, N.M.

Philling Petroleum Co. Gas Transporter Remarks: 52" csg. was comented with 150 sacks 10% salt coment around shoe, and two-staged at 525 with 50 sacks neat cement with 27 GeCl.

I hereby certify that the information given above is true and complete to the best of my knowledge.				
Approved. APR 2 9 1963	Kennedy 011 Co., Inc.			
Approved APR 2 9 1963	By:(Signature)			
By: ML arustrong	Title			
Title	Name			

Address

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NLY ER OF COPIES RECEIVED	, SAN'	TA FE, NEW M		FORM C-110 (Rev. 7-60)		
U.S. 0.5. LAND OFFICE TRANSPORTER GAS PRORATION OFFICE		T OIL AND		N		
OPERATOR	FILE THE ORIGINAL AND 4 C	OPIES WITH TH	Lease	Well No.		
Company or Operator Kennedy	011 Co., Inc.		Kennedy Fed.	1		
Unit Letter H Section	Township Range		County			
Pool 28:	165	31E	Kind of Lease (State, Fed Fee)			
Square Lake	······		Transkin D	Fed.		
If well produces oil or conc give location of tank		Section 28	Township R.	31E		
Authorized transporter of oil 📰 or c			ldress to which approved copy of thi	is form is to be sent)		
Continental Pipe		Box 410) Artesia, N.M.			
<u> </u>	Is Gas Actually Connecte	1	_No			
Authorized transporter of casing head	Authorized transporter of casing head gas 🛖 or dry gas 🗌 Date Connected					
Phillips Petr. Co.	Will advise	11 Bartlesville, Okla.				
If gas is not being sold, give reasons	and also explain its present disposition:					
	REASON(S) FOR FILING					
New Well Change in Ownership Change in Transporter (check one) Other (explain below)						
Oil Dry Gas						
Casing h	ead gas . 🔄 Condensate 🗌		$E_{\rm p}$ (t			
			* 1 *	•5 至12月1日日(4月1日日		
Remarks						
The undersigned certifies that the	Rules and Regulations of the Oil C	onservation Com	mission have been complied wit	h.		
		pril	, 19 63 .			
i	TION COMMISSION	By	104	1		
Approved by	4	Title	. D. Jonnel			
	strong	V: Company	Lce Pres.			
	7	K	ennedy 011 Co., In	C.		
Date		Address	ox 151 Artesia,	N.M.		
APK	2 🗇 1963					