

REQUEST FOR (OIL) - (GAS) ALLOWABLE JAN 14 1963 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 QUADRUPPLICATE 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

(Place)

(Date)

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

WATER FLOOD ASSOCIATES, INC. - KENNEDY JOHNSON, Well No. 6, in SW $\frac{1}{4}$ SW $\frac{1}{4}$,

(Company or Operator)

(Lease)

M

Sec 35

T 16S

R 31E

NMPM,

ROBINSON

Pool

Unit Letter

EDDY

County. Date Spudded 9 DEC. 62

Date Drilling Completed 31 DEC. 62

Please indicate location:

Elevation 4024 KB Total Depth 3860 PBD 3832

Top Oil/Gas Pay 3534 Name of Prod. Form. GRAYBURG-SAN ANDRES

PRODUCING INTERVAL -

Perforations 3774-84; 3655-62; 3646-50; 3635-39; 3626-32; 3584-90; 3533-37

Open Hole _____ Depth _____ Casing Shoe 3857 Depth _____ Tubing 3500

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): 25 bbls. oil, 10 bbls water in 12 hrs, 0 min. Size Pump 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): 30,600 GAL. WTR., 16,000# SD., 1000 GAL. ACID.

Casing _____ Tubing _____ Date first new _____
Press. 500 Press. 5500 oil run to tanks 6 JANUARY 1963

Oil Transporter CONTINENTAL OIL COMPANY

Gas Transporter PHILLIPS PETROLEUM COMPANY

Remarks: THIS WELL IS IN ROBINSON WATER FLOOD AREA. CEMENT ON 4 1/2" WAS 2-STAGED. 50 SACKS SPOTTED AT 750'.

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

Approved _____, 19_____

WATER FLOOD ASSOCIATES, INC.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]

(Signature)

By: [Signature]

Title SUPERINTENDENT

Send Communications regarding well to:

Title OIL AND GAS INSPECTOR

Name H. C. PORTER

Address Box 376, ARTESIA, NEW MEXICO

[illegible]