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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	
PRORATION OFFICE	16

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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JAN 7 1965

Operator Gross, Kincheloe & Cook		O. C. C. ARTESIA, OFFICE
Address 813 Petroleum Bldg, Roswell, New Mexico		
Reason(s) for filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Other (Please explain)
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Southern Union Federal	Well No. 1	Pool Name, Including Formation Undesignated East Red Lake G. Sh.	Kind of Lease State, Federal or Fee Federal
Location Unit Letter P ; 477 Feet From The South Line and 412 Feet From The East			
Line of Section 27 , Township 16 South Range 28 East , NMPM, Eddy County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mex Wood Corporation	Address (Give address to which approved copy of this form is to be sent) 2003 Wilco Bldg, Midland Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 27	Twp. 16S	Range 28E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded 11-30-64	Date Compl. Ready to Prod. 12-24-64		Total Depth 1600		P.R.T.D. 1577			
Pool Undes East Red Lake G. Sh.	Name of Producing Formation Queen		Top Oil/Gas Pay 1506		Tubing Depth 1548			
Perforations Open Hole					Depth Casing Shoe 1541			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10"	8 5/8		191		50			
8"	5 1/2		1541		50			
	2"		1548					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12-30-64	Date of Test 12-31-64	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 2 hr.	Tubing Pressure 150	Casing Pressure 180	Choke Size 1/2"
Actual Prod. During Test 15.6 Bbl	Oil-Bbbls. 15.6 BBl	Water-Bbbls. none	Gas-MCF 300 MCF/Day

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Dalton Kincheloe
(Signature)

Partner

(Title)

1-6-65

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 7 1965**, 19

BY **M. L. Cunningham**

TITLE **Oil and Gas Inspector**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.