

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.

Lovington New Mexico 27 April 59
(Place) (Date)

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

Fred M Allison Federal Bedingfield Well No. 1 in NW 1/4 SE 1/4,
(Company or Operator) (Lease)
J, Sec. 1, T. 17S, R. 29E, NMPM, Square Lake Pool
Unit Letter

Please indicate location:

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

1650 S - 1980 E

Tubing, Casing and Cementing Record

Size	Feet	Size
8 5/8	446	100
5 1/2	2835	150
2"	2810	

County. Date Spudded. 8 March 59 Date Drilling Completed 6 April 59
Elevation Total Depth 2835 PBTD
Top Oil/Gas Pay 2595 Name of Prod. Form. Grayburg-San Andres
PRODUCING INTERVAL -
Perforations 2595-2606; 2688-2702; 2806-2818;
Open Hole none Depth Casing Shoe 2835 Depth Tubing 2810
OIL WELL TEST -
Natural Prod. Test: 1 bbls. oil, 0 bbls water in 1 hrs, 0 min. Size Choke
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
load oil used): 65 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size Choke 1 1/2"
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 Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
sand): 149,000 lbs 20-40 mesh 250 BDA; 35,500 gal refined oil; 550 bbl crude oil
Casing Tubing Date first new
Press. 210 oil run to tanks 27 April 59
Oil Transporter Texas - New Mexico Pipe Line Co
Gas Transporter

Remarks:

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

Approved: 19

Fred M Allison

(Company or Operator)

By: Robert B. Bell
(Signature)

Title Representative
Send Communications regarding well to:

Name Fred M Allison

Address PO Box 916 Corsicana, Texas

OIL CONSERVATION COMMISSION

By: M. L. Armstrong
Title

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Fred M Allison Lease Fed. Beddingfield

Well No. 1 Unit Letter J S 1 T 17S R 29E Pool Square Lake

County Eddy Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit 0 S 1 T 17S R 29E

Authorized Transporter of Oil or Condensate Texas-New Mexico Pipe Line Co.

Address PO Box 1510 Midland, Texas
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas none

Address _____
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

No available market, gas being vented.

Reasons for Filing: (Please check proper box) New Well ☒)

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: _____
(Give explanation below)

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

Executed this the 27th day of April 1959

By Robert B. Bell

Approved _____ 19

Title Representative

OIL CONSERVATION COMMISSION

Company Fred M Allison

By M L Armstrong

Address PO Box 916 Corsicana Texas

Title _____