

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.

Hobbs, New Mexico July 28, 1958
(Place) (Date)

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

John M. Kelly Gulf Elk, Well No. 4, in SW $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)
0 Sec. 4, T. 17S, R. 29E, NMPM., Cave Pool
Unit Letter

Eddy

Please indicate location:

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

County Eddy Date Spudded 6-26-58 Date Drilling Completed 7-20-58
Elevation 3574 DF Total Depth 2440 FBTD 2433

Top Oil/Gas Pay 2392 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 2392-2398
Open Hole Depth 2436 Casing Shoe Depth 2380

OIL WELL TEST -

Natural Prod. Test: 5 bbls. oil, 0 bbls water in 24 hrs, 2" min. Size 2" Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 46 bbls. oil, 0 bbls water in 24 hrs, 15/64 min. Size 15/64 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): 17,200 gals. plus 15,700# Sand-Oil Fracture

Casing Tubing Date first new

Press. 510 Press. 250 oil run to tanks 7-22-58

Oil Transporter Texas-New Mexico Pipeline

Gas Transporter _____

Remarks:

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

Approved: JUL 27 1958, 19____

OIL CONSERVATION COMMISSION

By: M. L. Armstrong
Title: OIL AND GAS INSPECTOR

John M. Kelly
(Company or Operator)

By: [Signature]
(Signature)

Title: Production Superintendent
Send Communications regarding well to:

Name: John M. Kelly
Address: Box 5671, Roswell, New Mexico

OIL CONSERVATION COMMISSION
ARTESIA DISTRICT OFFICE

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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 John M. Kelly Lease Gulf Elk

Well No. 4 Unit Letter Q S 4 T 17S R 29E Pool Cave

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

If well produces oil or condensate, give location of tanks: Unit J S 4 T 17 R 29

Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline

Address Midland, Texas

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

Authorized Transporter of Gas New Lease

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:

New Lease No Connection

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

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 28 day of July 1958

By Gunneth D. Myer

Approved JUL 23 1958

Title Production Superintendent

OIL CONSERVATION COMMISSION

By M. L. Armstrong

Company John M. Kelly

Address Box 5671

Title 7

Roswell, New Mexico

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NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY John M. Kelly Box 5671 Roswell, New Mexico
(Address)

LEASE Gulf Elk WELL NO. 4 UNIT 0 S 4 T 17S R 20E
DATE WORK PERFORMED 7-21-58 POOL Cave

This is a Report of: (Check appropriate block) ☒ Results of Test of Casing Shut-off
☐ Beginning Drilling Operations ☐ Remedial Work
☐ Plugging ☐ Other _____

Detailed account of work done, nature and quantity of materials used and results obtained.

On 7-20-58 new 4 1/2" 9.5# pipe was landed at 2436 and cemented w/200 sax neat cement. On 7-21-58 after 24 hrs. WOC a bailing test indicated complete shut-off.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. _____ TD _____ PBD _____ Prod. Int. _____ Compl Date _____
Tbng. Dia _____ Tbng Depth _____ Oil String Dia _____ Oil String Depth _____
Perf Interval (s) _____
Open Hole Interval _____ Producing Formation (s) _____

RESULTS OF WORKOVER:

	BEFORE	AFTER
Date of Test	_____	_____
Oil Production, bbls. per day	_____	_____
Gas Production, Mcf per day	_____	_____
Water Production, bbls. per day	_____	_____
Gas-Oil Ratio, cu. ft. per bbl.	_____	_____
Gas Well Potential, Mcf per day	_____	_____
Witnessed by _____		

(Company)

OIL CONSERVATION COMMISSION

Name M. L. Armstrong
Title _____
Date _____

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

Name Samuel D. McNeil
Position Production Superintendent
Company John M. Kelly

OIL CONSERVATION COMMISSION	
STATE OF TEXAS	
The Commission	
DO NOT WRITE IN THESE SPACES	
DATE	FILED