

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Artesia, New Mexico

6-1-57

(Place)

(Date)

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

Kineaid & Watson Atlantic State, Well No. 2, in NW 1/4 SW 1/4,
(Company or Operator) (Lease)

L, Sec. 8, T. 17 S, R. 29 E, NMPM, Cave Pool
Unit Letter

Eddy

County. Date Spudded. 4-24-57, Date Completed. 5-26-57

Please indicate location:

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

Elevation. Total Depth. 2,383, P.B. -

Top oil/gas pay. 2,355 Name of Prod. Form. Premier

Casing Perforations: None or

Depth to Casing shoe of Prod. String. 2,345

Natural Prod. Test. 10 BOPD BOPD

based on. bbls. Oil in. Hrs. Mins.

Test after acid or shot. 75 BOPD BOPD

Based on. bbls. Oil in. Hrs. Mins.

Gas Well Potential.

Size choke in inches.

Date first oil run to tanks or gas to Transmission system: 3-1-57

Transporter taking Oil or Gas: Texas-New Mexico Pipe Line Co.

Casing and Cementing Record

Size Feet Sax

8 5/8	350	50
5 1/2	3348	100

Remarks:

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

Approved. JUN 4 1957, 19

Kineaid & Watson

(Company or Operator)

By: [Signature] (Signature)

Title. Agent

Send Communications regarding well to:

Name. Kineaid & Watson

Address. Box 536, Artesia, N. M.

OIL CONSERVATION COMMISSION

By: [Signature]

Title. [Signature]

