			N	IEW MEXICO OIL CONSERVATION COMMILION E BE ME TO THE COMMILION Santa Fr. New Mexico	
	ົ				
	8		REQ	QUEST FOR (OIL) - (GAS) ALLOWABLE JUL 8 1957 Well Recompletion	
Form C-1 able will month of	104 is to be assign f comple	be subr ned effe tion or	nitted in (ctive 7:00 recomple	by the operator before an initial allowable will be assigned to any completed Qibm fins well. QUADRUPLICATE to the same District Office to which Form Qality as Office the allow- 0 A.M. on date of completion or recompletion, provided this form is filed during calendar etion. The completion date shall be that date in the case of an oil well when new oil is deliv- ist be reported on 15.025 psia at 60° Fahrenheit.	
				Artesia, New Mexico July 5, 1957	
WE ARI	E HERE	BY RE	OUESTI	(Place) (Date) (Date)	
BARN	EY CO	CKBUR	RN	Cockburn-Featherstonewell No. 5, in 22NW 14. SW 14.	
	Company L	., Sec.	1 0	(Lesse) , T, R. 29E , NMPM., <u>Anderson</u> Pool	
Unit	Lotter				957
P	lease ind			ElevationTotal DepthPBTD	
	C	В		Top Oil/Gas Pay 2439 Name of Prod. Form. Premier	
	Ŭ	2		PRODUCING INTERVAL -	
E	P 1	G	H	Perforations None Depth Depth Depth	
	_	_		Open Hole 2438' to 2446' Casing Shoe 2432 Tubing 2150!	
L	K	J	I	OIL WELL TEST - Choke	37
x				Natural Prod. Test: 25 bbls.oil, 55 bbls water in 224rs,min. Size] Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of	noh
M	Ň	0	P	load oil used): 58 bbls.oil, <u>O</u> bbls water in 10 hrs, min. Size NO	ne
				GAS WELL TEST -	
·+				Natural Prod. Test:MCF/Day; Hours flowedChoke Size	
Tubing ,	Casing a	nd Ceme	nting Reco	ord Method of Testing (pitot, back pressure, etc.):	
Sire	· 1	Feet	Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed	
85	/8	403	50	Choke SizeMethod of Testing:	
7#		432	100	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and	
				sand): 10.000 gallons Load Oel 12.000# Sand Casing Tubing No Date first new Press. 450 Press. Test oil run to tanks July 1. 1957	
				Oil Transporter Texas-New Mexice Pipe Line Co	
				Gas Transporter	
Remarks	ن د	8834 0 m o 1 f	I BRIG	red_and_taken_from-Seperator-by Frontier Natural	
		42 91.:	L'ILT	repeny;	
Ih	ereby ce	rtify th	at the inf	formation given above is true and complete to the best of my prowledge.	
Approve	d		L.\$	957	
				(TAURU	
				N COMMISSION By: (Signature)	
By:,.	$M \downarrow$	1	m	Strong Title Agent Send Communications regarding well to:	
Title	OH A	ND GAS	INSPECT	Name. BARNEY COCKBURN	
				Address P. O. Bex 105, Artesia, New Mex	70V

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