NEW . ___XICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

1957 1957 1957

Recompletion

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104

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Semeral American Chil Co. of Texnas Keely B., Well No. 1, in. M. 1/4 MR. 1/4, (Lease) (Company or Operator) (Lease) B. Sc. 26 T. 17.8 R. 29.8 NMPM., Crayburg-Seely. Pool Weak Latter Kiddy D County. Date Spudded. 9
(Company or Operator) (Lease) B Sec
Kdw County. Date Dudded 9-3-57. Date Drilling Completed 9-24-57. Please indicate location: County. Date Spudded 9-3-57. Date Drilling Completed 9-24-57. D C B A D C B A D C B A D C B A Top 011/Gas Pay_3327' Name of Prod. Form. San Andres D C B A D C B A PRODUCING INTERVAL D D B PODUCING INTERVAL D Depth Depth Depth D C Choke I M D P D Choke M Disph Choke
Please indicate location: Elevation 3587? Total Depth 34.50? PBTD D C B A Top Oil/Gas Pay_3327? Name of Prod. Form. San Andres D C B A PRODUCING INTERVAL - Perforations Depth Depth Tubing No tubing rune E F G H Depth Depth Depth Tubing No tubing rune L K J I NetLI TEST - Choke Choke N O P Iest After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke in additional control in the start in
D C B A D C B A D C B A D C B A D C B A E P G H Perforations
D C B A PRODUCING INTERVAL - E F G H Perforations Depth Depth Depth L K J I Open Hole 3314*3450* Casing Shoe 3314* Tubing No tubing run. M N O P Natural Prod. Test: A bbls.oil, O bbls water in 24 hrs, O min. Size baili M N O P Istate Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke istate in 10 hrs, O min. Size 2h/64, GAS WELL TEST - No TEST Natural Prod. Test: MCF/Day; Hours flowed Choke Size Natural Prod. Test: MCF/Day; Hours flowed Choke Size Natural Prod. Test: MCF/Day; Hours flowed Choke Size Natural Prod. Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: MCF/Day; Hours flowed 5-1/2 2441- Sat Choke Size Method of Testing Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and casing Tubing Tubing Date first new Choke Size 8 5/8* 400* 50 Test. Press. 140* oil r
E F G H Perforations
E F G H Open Hole3314_*_34_50* Depth Casing Shoe3314.* Depth Tubing_No tubing_run. L K J I Open Hole3314_*_34_50* Depth Casing Shoe3314.* Depth Tubing_No tubing_run. M N O P Open Hole3314_*_34_50* Depth Casing Shoe3314.* Depth Tubing_No tubing_run. M N O P Natural Prod. Test:
L K J I Choke M N O P Natural Prod. Test:
M N O P M N O P Ioad oil used): 135 bbls,oil, 14 bbls water in 10 hrs, 0 min. Size 24/64 GAS WELL TEST Natural Prod. Test: MCF/Day; Hours flowed Choke Size Natural Prod. Test: MCF/Day; Hours flowed Choke Size Nethod of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: MCF/Day; Hours flowed 5-1/2 2441- 35 Choke Size Method of Testing: Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1500 choke Size 8 5/8* 400* 50 Fress. 140* Ditog Ditog cia or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
M N O P Ioad oil used): 135_bbls,oil, 15_bbls water in 10_hrs, O_min. Size_2h/64 GAS WELL TEST - NO TEST Natural Prod. Test: MCF/Day; Hours flowed
Natural Prod. Test: MCF/Day; Hours flowed Choke Size Sum Fret Sax Method of Testing (pitot, back pressure, etc.): MCF/Day; Hours flowed 5-1/2 2441- 35147 35 Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing: MCF/Day; Hours flowed
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Size Fret Sax Test After Acid or Fracture Treatment: MCF/Day; Hours flowed 5-1/2 2441- 3334* 35. Choke Size Method of Testing: Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1500 gals. Hell. 34.000 gals. oil. 54.000 gals. 8 5/8* 400* 50 Fress. Nome
2441- 35. 5-1/2 2441- 35. Choke SizeMethod of Testings Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1500 gals. Hell. 3i. 000 gals. oil. 54,000 gals. 8 5/8* 400* 50
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Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1500 cals. Hill 34.000 cals. oil, 54.000 cand. Casing Tubing Date first new Press. Kome Press. 1400 oil run to tanks 10-1-57
8 5/8" 400 50 Casing Tubing Date first new Press. None Press. 140 oil run to tanks 10-1-57
8 5/8" 400" 50 Press. None Press. 140% oil run to tanks 10-1-57
Cill Transporter Males Parlinguise, The
7" 2509" 100
Gas Transporter Bolivered to Prestier Natural Gasoline Co.
temarks:
Request cancellation of Grayburg-Jackson allowable.
I hereby certify that the information given above is true and complete to the best of my knowledge.
pproved
(Company or Operator)
R. J. Heardignature'
y: U. G. Alessett Title Field Supt. Send Communications regarding well to:
itle
Address. R. O. Box 416, Loco Kills, N. K.

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OIL COMPERVATION COMMISSION ARTERIA DISTRICT OFFICE No. Copics Received 3 DISTRIBUTION NO. FUELISHED Operator Santa Fe U.S. G.S Transporter File

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Form C-110 NEW MEXICO OIL CONSERVATION COMMISSION Revised 7/1/55 SANTA FE, NEW MEXICO (File the original and 4 copies with the appropriate district office) 13 - 1957CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS ARTERA OTHOR OWOR Company or Operator General American Oil Co. of Texas Lease Keely B Well No. 1 Unit Letter **B** S **26** T **173** R **29E**Pool Grayburg-Keely **Federal** Eddy Kind of Lease (State, Fed. or Patented) County If well produces oil or condensate, give location of tanks:Unit **B** S T 178 R 29E Malco Refineries, Inc. Authorized Transporter of Oil or Condensate Artesia, N. N. Address (Give address to which approved copy of this form is to be sent) Authorized Transporter of Gas 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: Gas is gathered and processed by Frontier Natural Gasoline Co., Loco Hills, N. M. 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______(Give explanation below) This well despend from Grayburg-Jackson Pool to Grayburg-Keely Pool. The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this t	he lst day of	October	19 57		
			Ву	1. Haan	
Approved	OCT 4 1957	19	Title	ield Supt.	
OIL CON	SERVATION CON	MISSION	Company	General American Oil Co. of	Texts
ву <i>W.Q.</i>	Gressett	4	Address	P. O. Bax 416	
Title MIL AN	U GAS INSPECTOR			Loss Hills, N. M.	

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