

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

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 QUADRUPPLICATE 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.

Artesia, New Mexico January 21, 1958
(Place) (Date)

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

Miller and Smith Pet. Acct. Brown State, Well No. 1, in NE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

A 32 T 17 South R 29 East, NMPM, Grayburg-Jackson Pool
Unit Letter

344y

Please indicate location:

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

County. Date Spudded 12-9-57 Date Drilling Completed 1-13-58
Elevation 3556 Total Depth 2900 PBTD

Top Oil/Gas Pay 2589 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 2586-92, 2871-75, 2882-89

Open Hole Depth Casing Shoe 2900 Depth Tubing 2580

OIL WELL TEST -

Natural Prod. Test: None bbls. oil, bbls water in hrs, min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 45 bbls. oil, bbls water in 24 hrs, min. Choke Size 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 or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1500 gal. acid and 20,000 lbs. sd. in 10,000 gals. lease crude.

Casing 500 Tubing 100 Date first new January 20, 1958
Press. oil run to tanks

Oil Transporter C. L. East

Gas Transporter

Remarks:

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

Approved JAN 22 1958, 19

Miller & Smith Petroleum Account
(Company or Operator)

By: [Signature]
(Signature)

OIL CONSERVATION COMMISSION

By: [Signature]

Title OIL AND GAS INSPECTOR

Title

Send Communications regarding well to:

Name Miller & Smith Petroleum Account

Address 302 Carper Bldg., Artesia, N.M.

**OIL CONSERVATION COMMISSION
ARTESIA DISTRICT OFFICE**

No. Copies Received 4

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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 Miller & Smith Petroleum Account Lease Brown State

Well No. 1 Unit Letter A S 32 T 17S R 29E Pool Grayburg-Jackson

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

If well produces oil or condensate, give location of tanks: Unit A S 32 T 17S R 29E

Authorized Transporter of Oil or Condensate C. L. East

Address Artesia, New Mexico

(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:

No connection - gas vented

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 21st day of January 19 58

By [Signature]

Approved JAN 22 1958 19

Title _____

OIL CONSERVATION COMMISSION

Company Miller and Smith

By [Signature]

Address 302 Carper Building

Title OIL AND GAS INSPECTOR

Artesia, New Mexico

OIL CONSERVATION COMMISSION		
ARTESIA DISTRICT OFFICE		
No. Copies Received <u>5</u>		
DISTRIBUTION		
Office	Number	Remarks
Santo Fe	<u>1</u>	
Froration Office		
State Land Office		
U. S. G. S.		
Transporter		
	<u>1</u>	<input checked="" type="checkbox"/>