

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (~~GAS~~) ALLOWABLE

New Well
~~EXISTING~~

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.

Artesia, New Mexico
(Place)

Dec. 18, 1958
(Date)

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

R.D. Collier **Kerr McGee**, Well No. **# 1**, in **SE** $\frac{1}{4}$ **NW** $\frac{1}{4}$,
(Company or Operator) (Lease)
F, Sec. **32**, T. **17**, R. **29**, NMPM., **Grayburg Jackson** Pool
Unit Letter
Eddy

County. Date Spudded **10-6-58** Date Drilling Completed **11-14-58**
Elevation **3810** Total Depth **2735** PBTD
Top Oil/Gas Pay **2525** Name of Prod. Form. **Premier-McTex**

Please indicate location:

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

PRODUCING INTERVAL -

Perforations **2704-2699** **2696-2690** **2532-2525**
Open Hole _____ Depth **2713** Depth **2614**
Casing Shoe _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: **43** bbls. oil, **0** bbls water in **24** hrs, **0** min. Choke **3 1/2"**
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
load oil used): **43** bbls. oil, **0** bbls water in **24** hrs, **0** min. Choke **3 1/2"**

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: _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	327	50
4 1/2"	2725	200

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **Dowell 40,000 # sand and 800 #bbls. lease crude**
Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks **12-18-58**
Oil Transporter **Sinclair Crude Oil Texas Mar. Marine P.L.**
Gas Transporter _____

Remarks: _____

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

Approved: **DEC 22 1958**, 19____

OIL CONSERVATION COMMISSION

By: **M.L. Armstrong**
Title: **Oil and Gas Inspector**

R.D. Collier
(Company or Operator)
By: **R.D. Collier**
(Signature)
Owner

Title: _____
Send Communications regarding well to:
Name: **R.D. Collier**
Address: **Box 798, Artesia, N.M.**

OIL CONSERVATION COMMISSION

ADDRESS

No. 00000000

4