

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

RECEIVED  
Form C-104  
Revised 7/1/57  
OCT 5 1961  
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 submitted. 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 Oct. 4, 1961  
(Place) (Date)

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

Kincaid & Watson Drilling Co. Wright Federal Well No. 2, in NW 1/4 NW 1/4,  
(Company or Operator) (Lease)

D 6 T 17S R 30E NMPM, Square Lake Pool  
Unit Letter

Eddy

Please indicate location:

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

660N & 607W

Tubing, Casing and Cementing Record

Size	Feet	Size
8 5/8	536	50
5 1/2	2774	100

County Date Spudded 8-16-61 Date Drilling Completed 9-18-61  
Elevation 3689 Total Depth 2883 PBTD 2774

Top Oil/Gas Pay 2587 Name of Prod. Form Premier

PRODUCING INTERVAL -

Perforations 2587--89, 2686-88, 2691-93, 2730-32, 2734-36, 2738-40

Open Hole None Depth Casing Shoe 2774 Depth Tubing 2564

OIL WELL TEST -

Natural Prod. Test: 2 gal. per hour-bailing Choke  
bbls. oil, bbls. water in hrs, min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 60 bbls. oil, -0- bbls. water in 24 hrs, min. Size 5/8"

GAS WELL TEST -

Natural Prod. Test: None 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):

500 gal. acid, 820 bbl. oil & 104,000 lbs. sand

Casing Tubing Date first new Press. 300 Press. 200 oil run to tanks 10-1-61

Oil Transporter Texas New Mexico Pipeline Company

Gas Transporter Phillips Petroleum Company

Remarks:

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

Approved October 4, 1961

Kincaid & Watson Drilling Company

OIL CONSERVATION COMMISSION

By: (Signature)  
(Signature)

By: M. L. Armstrong

Title Assistant Secretary

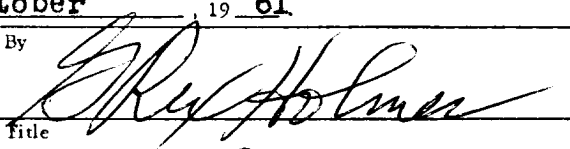

Title OIL AND GAS INSPECTOR

Send Communications regarding well to:

Name Kincaid & Watson Drilling Company

Address Box 498, Artesia, New Mexico

OIL CONSERVATION COMMISSION		
ARTESIA DISTRICT OFFICE		
No. Copies Received		
DISTRIBUTION		
	NO. COPIES	
OPERATOR	1	
MANAGER	1	
DISTRICT OFFICE	1	
STATE LAND OFFICE		
U. S. G. S.		
TRANSPORTER		
FILE	1	✓
BUREAU OF MINES		

NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS PRODUCTION OFFICE OPERATOR		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO <b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION          TO TRANSPORT OIL AND NATURAL GAS</b>		<b>FORM C-110</b> (Rev. 7-60)	
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE					
Company or Operator <b>Kincaid &amp; Watson Drilling Company</b>			Lease <b>Wright Federal</b>		Well No. <b>2</b>
Unit Letter <b>D</b>	Section <b>6</b>	Township <b>17 South</b>	Range <b>30 East</b>	County <b>Eddy</b>	
Pool <b>Square Lake</b>				Kind of Lease (State, Fed, Fee) <b>Fed. NM-013814</b>	
If well produces oil or condensate give location of tanks		Unit Letter <b>A</b>	Section <b>1</b>	Township <b>17 South</b>	Range <b>29 East</b>
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Texas New Mexico Pipeline Company</b>			Address (give address to which approved copy of this form is to be sent) <b>Box 1510, Midland, Texas</b>		
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>		Date Connected <b>9-21-61</b>	Address (give address to which approved copy of this form is to be sent) <b>Bartlesville, Oklahoma</b>		
If gas is not being sold, give reasons and also explain its present disposition:					
REASON(S) FOR FILING (please check proper box)					
New Well <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter (check one) Other (explain below) Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>					
Remarks <b>Texas New Mexico Pipeline Company will deliver the oil for the account          of Sinclair Crude Oil Company</b>					
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.					
Executed this the <u>4</u> day of <u>October</u> , 19 <u>61</u>					
OIL CONSERVATION COMMISSION			By 		
Approved by 			Title <b>Assistant Secretary</b>		
Title <b>OIL AND GAS INSPECTOR</b>			Company <b>Kincaid &amp; Watson Drilling Company</b>		
Date <b>OCT 5 1961</b>			Address <b>Box 498, Artesia, New Mexico</b>		