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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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

RECEIVED

New Well

~~RECORDED~~

JAN 26 1962

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.

Midland, Texas

1-25-62

(Place)

(Date)

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

**Mallard Petroleum, Inc.**  
(Company or Operator)

**Mayer-Molt**  
(Lease)

Well No. **1**, in **NW**  $\frac{1}{4}$  **SW**  $\frac{1}{4}$ ,

**L**, Sec. **28**, T. **18-S**, R. **-26-E**, NMPM, **Undesignated** Pool

**Eddy**

Please indicate location:

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

County. Date Spudded **7-23-61**

Date Drilling Completed **9-3-61**

Elevation **3413' DF** Total Depth **9315'** PBDT **9222'**

Top Oil/Gas Pay **9057'** Name of Prod. Form. **Atoka Pennsylvanian**

### PRODUCING INTERVAL -

Perforations **9,057'-9,065'; 9,079'-9,091'; 9,183'-9,189'**

Open Hole **None** Depth **9,284'** Depth Casing Shoe **9,115'**

### OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ 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): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

### GAS WELL TEST -

Natural Prod. Test: **11,200** MCF/Day; Hours flowed **33** Choke Size **Various**

Method of Testing (pitot, back pressure, etc.): **4-Point Back Pressure**

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 Gals. acid to Perf. 9,183'-89'**

Casing Press. **Phr.** Tubing Press. **2864** Date first new oil run to tanks **None to Date**

Oil Transporter **The Permian Corporation**

Gas Transporter **Transwestern Pipeline Company**

Remarks:

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

Approved **JAN 26 1962**, 19\_\_\_\_

**Mallard Petroleum, Inc.**

(Company or Operator)

By:

**R. W. Keener**  
(Signature)

Title:

**Petroleum Engineer**

Send Communications regarding well to:

Name **Mallard Petroleum, Inc.**

**304 Gulf Building, Midland, Texas**

OIL CONSERVATION COMMISSION

By: **M. L. Armstrong**

Title **OIL AND GAS INSPECTOR**

NUMBER OF COPIES RECEIVED DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO				FORM C-110 (Rev. 7-60)	
SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS PRORATION OFFICE OPERATOR		CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE							
Company or Operator <b>Mallard Petroleum, Inc.</b>				Lease <b>Mayer-Holt</b>		Well No. <b>1</b>	
Unit Letter <b>L</b>		Section <b>28</b>		Township <b>18-S</b>		Range <b>26-E</b>	
County <b>Eddy</b>		Kind of Lease (State, Fed, Fee) <b>Fed</b>					
Pool <b>Undesignated</b>				If well produces oil or condensate give location of tanks			
Unit Letter <b>L</b>		Section <b>28</b>		Township <b>18-S</b>		Range <b>26-E</b>	
Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/> <b>The Permian Corporation</b>				Address (give address to which approved copy of this form is to be sent) <b>P. O. Box 3119, Midland, Texas</b>			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/> <b>Transwestern Pipeline Company</b>				Date Connected <b>1-19-62</b>		Address (give address to which approved copy of this form is to be sent) <b>P. O. Box 1502, Houston, Texas</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"/>							
RECEIVED JAN 26 1962 D. C. C. ARTESIA, OFFICE							
Remarks							
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with. Executed this the <u>25th</u> day of <u>January</u> , 19 <u>62</u> .							
OIL CONSERVATION COMMISSION				By <b>R. W. Keener</b>			
Approved by <b>M. L. Armstrong</b>				Title <b>Petroleum Engineer</b>			
Title <b>OIL AND GAS INSPECTOR</b>				Company <b>Mallard Petroleum, Inc.</b>			
Date <b>JAN 26 1962</b>				Address <b>304 Gulf Building, Midland, Texas</b>			