

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 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Artesia, N. M. March 5, 1955
(Place) (Date)

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

Kincaid & Watson Browne State, Well No. 2, in NW 1/4 SW 1/4,
(Company or Operator) (Lease)

L, Sec. 13, T. 18 S, R. 28 E, NMPM., Nichols undesignated Pool
(Unit)

Eddy County. Date Spudded 1-1-55, Date Completed 3-2-55

Please indicate location:

X			

Elevation 3571.9' Total Depth 2913 BB @ 2350

Top oil/gas pay 2308 NAME Top of Prod. Form 2308 Grayburg + 5A

Casing Perforations: 2308-18 and 2608 to 19 or

Depth to Casing shoe of Prod. String 2880

Natural Prod. Test 12 BOPD

based on 12 bbls. Oil in 24 Hrs. Mins.

Test after acid or shot 100 BOPD

Based on 100 bbls. Oil in 24 Hrs. Mins.

Gas Well Potential

Size choke in inches

Date first oil run to tanks or gas to Transmission system: 3-3-55

Transporter taking Oil or Gas: Artesia Pipe Line Co.

Casing and Cementing Record

Size Feet Sax

5 1/2	2880	125

Remarks: BP @ 2350

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

Approved _____, 19____

Kincaid & Watson

(Company or Operator)

By: P. R. Holmes
(Signature)

Title Agent

Send Communications regarding well to:

Name Kincaid & Watson

Address Box 536, Artesia, N. M.

OIL CONSERVATION COMMISSION

By: P. A. Hansen

Title _____