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

Artesia. New Mexico. 12-1-58

| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | to die s | | | Artesia, New Mexico 12-1-58 |
|--|----------|-------------------|-----------------|---|
| | | | | (Place) (Date) |
| WE AR | E HEF | REBY RI | QUESTI & Wet | ING AN ALLOWABLE FOR A WELL KNOWN AS: SOON, Well No, in NE, NW |
| | (Compa | inv or Ope | rator) | (Jease) |
| | C | , Sec. | 24 | T 185 , R 28E , NMPM., Artesia Pool |
| Unit Letter FAAV | | | | 8-28-48 Date Detiling Completed 10-13-48 |
| and the second s | | | | County. Date Spudded 8-28-48 Date Drilling Completed 10-13-48 Elevation 3538 Total Depth 3000 PBTD 2973 |
| Please indicate location: | | | ocation: | Top Oil/Gas Pay 2885 Name of Prod. Form. San Andres |
| D | C | В | A | PRODUCING INTERVAL - |
| | X | | | Perforations None Peoth Peoth Peoth |
| E | F | G | H | Open Hole 2885-2973 Depth Casing Shoe 2865 Depth Tubing 2971 |
| | | | | OIL WELL TEST - beilin |
| L | K | 7 | I | Natural Prod. Test: 4 galubls.oil,O_ bbls water in2 hrs,min. Size_ |
| | | | 1. | Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of |
| M | N | 0 | P | load oil used): 30.2 bbls.oil, 5.5 bbls water in 24 hrs, 0 min. Size 2 |
| | | | | |
| | ↓ | | <u> </u> | GAS WELL TEST - |
| | | | | Natural Prod. Test: MCF/Day; Hours flowed Choke Size |
| | ,Casine | g and Cem Feet | nting Reco | |
| | | | | Test After Acid or Fracture Treatment: MCF/Day; Hours flowed |
| 8 5 | 5/8 | 378 | 75 | Choke SizeMethod of Testing: |
| 6 5 | 5/8 | 2885 | 200 | Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and Acid Led Will 7,500 gel acid then completed in 1948 sand): Retreated with 12,000 gal. June 6 to 8 1952 |
| | | | 1 | Casing Tubing Date first new November 10, 1948 Press. Press. oil run to tanks |
| | | - | | Oil Transporter Velco Refineries Inc. |
| | | | | Mene |
| P. mar | . T | his i | g en o | 1d well that has been shut in since Mec. 20, 1937 |
| due | a +^ | fon3 t | v tuhi | ng. We put it to pumping Nov. 26, 1958 and the |
| 200 | cumul | etion | in th | e well has produced 162 bbls. in the 5 days to 12-1-58. tion to run this oil and foren allowable of 15 8.0.P.D. formation given above is true and complete to the best of my knowledge. Kingaid & Watson |
| √e r | sk fo | r eut | horiza | formation given above is true and complete to the best of my knowledge. |
| Appro | wed | , - | | formation given above is true and complete to the said & Watson [Company or Operator) |
| · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | N COMMISSION By: (Signature) |
| | m | 10 | 7 | / |
| • | | | | Delig Communications reference |
| Title . | ••••• | | ···· | Name Kincold & Watson |
| | | | | Box 536, Artesia, New Mexico |
| | | | | Address |

NEW MI CO OIL CONSERVATION CON SANTA FE, NEW MEXICO

ISSION 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 Kincaid & Watso | Dease State "Y" |
|--|---|
| Well No. 1 Unit Letter C S 24 T | 88 R 28E Pool Artesia |
| County Eddy Kind of Lease (If well produces oil or condensate, give locati | State, Fed. or Patented) State on of tanks: Unit C S 24 T 18 R 28 |
| Authorized Transporter of Oil or Condensate_ | Malco Refineries Inc. |
| Address P.O. Box 125, Artesia, Nev | Yexico |
| Address P.O. Box 125, Artesia, Nov. | copy of this form is to be sent) |
| Authorized Transporter of Gas None | |
| Address (Give address to which approved of | fabia farmaia ta ha conti |
| If Gas is not being sold, give reasons and also | |
| Does not reke enough ges for commer | |
| | |
| | |
| Reasons for Filing:(Please check proper box) | New Well X) |
| Change in Transporter of (Check One): Oil (| |
| | |
| Change in Ownership () Remarks: | Other () |
| Remarks: | (Give explanation below) |
| This is an old well that has be due to the feot that the tubing was faulty tubing and put the well to be | leaking. We recently replaced the |
| The undersigned certifies that the Rules and F mission have been complied with. | Regulations of the Oil Conservation Com- |
| Executed this the 1 day of December | 19 <u>58</u> |
| | By // fitner |
| Approved 19 | Title Agent |
| OIL CONSERVATION COMMISSION | Company Kinceid & Watson |
| By MLastrong | Address Box 536 |
| Title | Artesia, New Mexico |