

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-401 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 January 11, 1963  
(Place) (Date)

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

Simms & Reese Oil Company Gulf State, Well No. 1, in SE 1/4, SE 1/4,  
(Company or Operator) (Lease)  
P, Sec. 24, T. 18, R. 28, NMPM, Loco Hills Pool  
Unit Lessor

Eddy

County. Date Spudded 10-29-62 Date Drilling Completed 11-23-62  
Elevation 3508 Total Depth 2324 PSTD

Please indicate location:

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

Top Oil/Gas Pay 2261 Name of Prod. Form. Loco Hills

PRODUCING INTERVAL -

Perforations 2261-62, 2264-66, 2270-71, 2276-81  
Open Hole Depth Casing Shoe 2324 Tubing 2247

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke  
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of  
load oil used): 25 bbls. oil, 15 bbls water in 24 hrs, min. Size 5/8 Choke

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	324	50
5 1/2	2324	100
2	2247	

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): 33,600 gal. slick water & 45,000 lbs. sand

Casing Tubing Date first new  
Press. 420 Press. 200 oil run to tanks 12-23-62

Oil Transporter McWood Corporation

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: 19, Simms & Reese Oil Company  
(Company or Operator)

OIL CONSERVATION COMMISSION

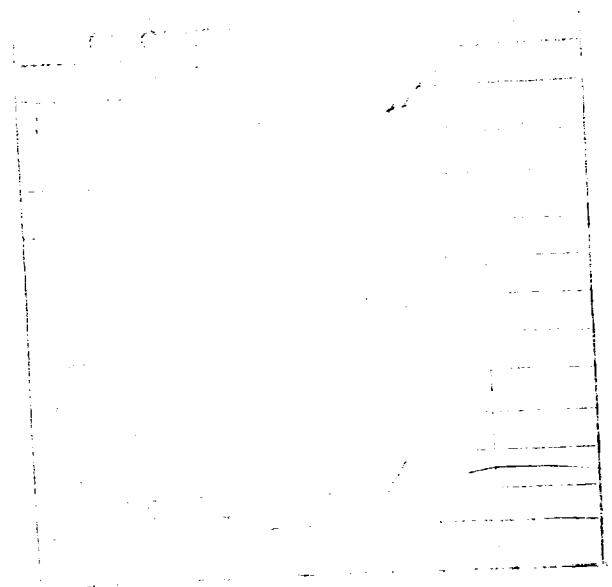
By: M. L. Armstrong Title: Partner

Title: Oil and Gas Inspector

Title: Partner  
Send Communications regarding well to:

Name: Simms & Reese Oil Company  
200 Booker Building

Address: Artesia, New Mexico



NUMBER OF COPIES RECEIVED	
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TRANSPORTER	OIL
	GAS
PRORATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**FORM C-110**  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Simms &amp; Reese Oil Company</b>				Lease <b>Gulf State</b>		Well No. <b>1</b>	
Unit Letter <b>P</b>	Section <b>24</b>	Township <b>18</b>	Range <b>28</b>	County <b>Eddy</b>			
Pool <b>Loco Hills</b>				Kind of Lease (State, Fed, Fee) <b>State</b> No. <b>B-11595</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>P</b>	Section <b>24</b>	Township <b>18</b>	Range <b>28</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>  <b>McWood Corporation</b>				Address (give address to which approved copy of this form is to be sent)  <b>Abilene, Texas</b>			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" 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	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 ☒ Change in Ownership ☐  
 Change in Transporter (check one) Other (explain below)  
 Oil ☐ Dry Gas ☐  
 Casing head gas ☐ Condensate ☐

**RECEIVED**

JAN 14 1963

**RECEIVED**

JAN 14 1963

**O. C. C.**  
**ARTESIA, OFFICE**

Remarks

**O. C. C.**  
**ARTESIA, OFFICE**

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **11th** day of **January**, 19**63**.

**OIL CONSERVATION COMMISSION**

Approved by

Title

Date

By

Title

Company

Address

*M. L. Armstrong*  
WELL LOG INSPECTOR

*M. L. Armstrong*

**Partner**

**Simms & Reese Oil Company**

**200 Booker Building  
Artesia, New Mexico**

JAN 14 1963