

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 QUADRUPPLICATE 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.

(Place)

(Date)

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

(Company or Operator) _____, Well No. _____, in _____ 1/4 _____ 1/4,

(Lease) _____, T. _____, R. _____, NMPM., _____ Pool

Unit Letter

County _____ Date Spudded _____

Date Drilling Completed _____

Please indicate location:

Elevation _____ Total Depth _____ PBTD _____

Top Oil/Gas Pay _____ Name of Prod. Form. _____

PRODUCING INTERVAL -

Perforations _____

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing _____

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 Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ 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): _____

Casing _____ Tubing _____ Date first new _____ Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter _____

Remarks: _____

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

Approved _____, 19____

(Company or Operator)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title _____

By: [Signature]

(Signature)

Title _____

Send Communications regarding well to:
The Texas Company

Name _____

Address _____

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

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 _____ Lease _____

Well No. _____ Unit Letter S T R Pool _____

County _____ Kind of Lease (State, Fed. or Patented) _____

If well produces oil or condensate, give location of tanks: Unit S T R

Authorized Transporter of Oil or Condensate _____

Address _____

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas _____

Address _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well _____ ()

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership _____ () Other _____ ()

Remarks: _____ (Give explanation below)

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

Executed this the _____ day of _____ 19 _____

By _____

Approved _____ 19 _____

Title _____

OIL CONSERVATION COMMISSION

Company _____

By M. L. Armstrong

Address _____

Title _____

**NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS**

(Submit to appropriate District Office as per Commission Rule 1106)

COMPANY The Ibox Company
(Address)

LEASE Welch Lake State WELL NO. 3 UNIT C S 28 T8S R. 1E
DATE WORK PERFORMED 12/1/57 POOL Artists

This is a Report of: (Check appropriate block) ☐ Results of Test of Casing Shut-off
☐ Beginning Drilling Operations ☐ Remedial Work
☐ Plugging ☒ Other See Below

Detailed account of work done, nature and quantity of materials used and results obtained.

This well has been pumping for years. For some reason it has not been listed on the production schedule for four or five years. We purchased the lease effective October 1, 1957 and filed change of ownership on all wells listed on the production schedule. The lease was purchased to water flood and no particular attention was paid to the individual wells which were capable of producing only about one barrel per day each.

Effective December 1, 1957 The Ibox Company is taking over operation of this well from V. S. Welch.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. _____ TD _____ PBD _____ Prod. Int. _____ Compl Date _____
Tbng. Dia _____ Tbng Depth _____ Oil String Dia _____ Oil String Depth _____
Perf Interval (s) _____
Open Hole Interval _____ Producing Formation (s) _____

| RESULTS OF WORKOVER: | BEFORE | AFTER |
|---------------------------------|-----------------|-------|
| Date of Test | _____ | _____ |
| Oil Production, bbls. per day | _____ | _____ |
| Gas Production, Mcf per day | _____ | _____ |
| Water Production, bbls. per day | _____ | _____ |
| Gas Oil Ratio, cu. ft. per bbl. | _____ | _____ |
| Gas Well Potential, Mcf per day | _____ | _____ |
| Witnessed by _____ | (Company) _____ | |

OIL CONSERVATION COMMISSION

Name M. L. Armstrong
Title OIL AND GAS INSPECTOR
Date DEC 3 1957

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

Name T. A. Ford T. A. Ford
Position Asst Prod. Supt.
Company The Ibox Company
Box 752, Breckenridge, Texas