

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

May 21, 1965

(Place)

(Date)

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

Kersey & Company

Yates

Weil No. 5

NE

NW

(Company or Operator)

(Lease)

C

Sec. 33

T. 18S

R.

28E

NMPM,

Artesia

Pool

Letter

Eddy

County. Date Spudded. 1938

Date Drilling Completed 1938

Please indicate location:

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

750/N 750/E

Tubing, Casing and Cementing Record

Size Feet Sax

8 1/4	798	
2"	2750	

Elevation \_\_\_\_\_ Total Depth 2760 PBD \_\_\_\_\_

Top Oil/Gas Pay \_\_\_\_\_ Name of Prod. Form. \_\_\_\_\_

PRODUCING INTERVAL -

Perforations 2700 - 2755

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Depth \_\_\_\_\_  
Casing Shoe \_\_\_\_\_ Tubing \_\_\_\_\_

OIL WELL TEST -

Natural Prod. Test: 1 bbls. oil, 0 bbls. water in 24 hrs, 0 min. Choke Size \_\_\_\_\_

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 May 15, 1965

Oil Transporter Continental Pipe Line Company

Gas Transporter \_\_\_\_\_

Remarks: This is an old well - Rods and tubing have been run and is now on production.

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

Approved MAY 21 1965, 19.

KERSEY & COMPANY

(Company or Operator)

By: Harold Kersey

(Signature)

Title Owner

Send Communications regarding well to:

Name Kersey & Company

Address P. O. Box 316, Artesia, New Mexico

OIL CONSERVATION COMMISSION

By: [Signature]

Title

OIL CONSERVATION COMMISSION		
ARTESIA DISTRICT OFFICE		
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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>Kersey &amp; Company</b> ✓				Lease <b>Yates</b>		Well No. <b>5</b>	
Unit Letter <b>C</b>	Section <b>33</b>	Township <b>18S</b>	Range <b>28E</b>	County <b>Eddy</b>			
Pool <b>Artesia</b>				Kind of Lease (State, Fed, Fee) <b>State</b>			
If well produces oil or condensate give location of tanks		Unit Letter <b>C</b>	Section <b>33</b>	Township <b>18S</b>	Range <b>28E</b>		
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>  <b>Continental Pipe Line Company</b>				Address (give address to which approved copy of this form is to be sent)  <b>P. O. Box 410, Artesia, New Mexico</b>			
Is Gas Actually Connected? Yes _____ No <input checked="" type="checkbox"/> _____							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected	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:

**Flared**

**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**

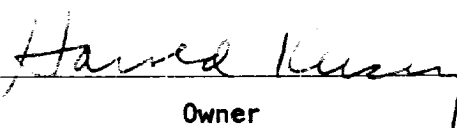
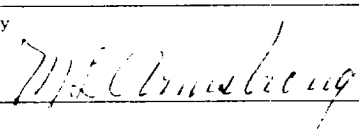
**MAY 21 1965**

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

Remarks  <b>To name the transporter of oil</b>
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The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **21** day of **May**, 19 **65**.

OIL CONSERVATION COMMISSION		By	
Approved by		Title	
		<b>Owner</b>	
Title	Company <b>Kersey &amp; Company</b>		
Date <b>MAY 21 1965</b>	Address <b>P. O. Box 316, Artesia, New Mexico</b>		