NE MEXICO OIL CONSERVATION COM. ASSION REDEIV (Forme-104) Santa Fe, New Mexico Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE^{MAY}

4 19 Drew 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.

		(Place) (Date)					
		ING AN ALLOWABLE FOR A WELL KNOWN AS:					
(Co i	mpany or Operator)	Brainard Tr ³ , Well No. 3, in. SW 1/4 SW 1/4, (Lease)					
M Unit Lei	, Sec34	T. 18-S., R29-E., NMPM., Turkey Track Poo					
Eddy		County. Date Spudded 4-10-64 Date Drilling Completed 4-29-64					
Pleas	e indicate location:	Elevation 3426 Total Depth 2273 PBTD 2099					
D	CBA	Top Oil/Gas PayName of Prod. FormQueen					
		PRODUCING INTERVAL -					
E	F G H	Perforations 2078' to 2085', 4 shots/ft.					
	E G. H	Open HoleCasing Shoe 2097Tubing 2080 '					
		OIL WELL TEST -					
L	K J I	Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size					
		Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of					
M	N O P	Load oil used): 51bbls.oil,bbls water in 24 hrs,min. Size Ump					
<							
		GAS WELL TEST -					
000 r	WL, 660' FSL	NCF/Day; Hours flowedChoke Size					
ubing ,Cas	ing and Cementing Reco	rd Method of Testing (pitot, back pressure, etc.):					
Sire	Feet Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed					
0 5 10	410 100	Choke SizeMethod of Testing:					
<u>8 5/8</u>	410 100						
4 1/2"	2097 100	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and					
		sand): 16,000 ggl. water and 20,000 lbs. sand and Casing Tubing Date first new 4.00 (4					
2 ¹¹	2080	Casing Tubing Date first new Press. Pressoil run to tanks 4-30-64					
		Oil Transporter Conoco					
		Gas Transporter TSTM					
emarks:							
I hereb	y certify that the info	ormation given above is true and complete to the best of my knowledge.					
proved	-May + MA	Y					
OI	L CONSERVATION	COMMISSION By:					
)1;	111						
. 411	LITIIVIII	Title. Agent, R. C. Davoust Company					
• • • • • • • • • • • • • • • • • • • •		Send Communications regarding well to:					
tle		ECTOR Send Communications regarding well to: Name. R. C. Dayousty: Company					

Address. 306 Wilkinson-Foster Bldg., Midland, Texas

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HUMBER OF COPIES RECEIVED	~]						
DISTRIBUTION SANTA FE	- I	FORM C-110						
					FE, NEW A	(Rev. 7-60)		
LAND OFFICE		CERTIFI	CATE OF	- COMF				
TRANSPORTER GAS		Г	O TRANS	PORT	OIL AND	NATURAL G	AS	
OFERATOR 2					155 WITH T	15 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		<u> </u>
Company or Operator	<u>-</u>	TILL THE C	KIGINAL AN	AD 4 COP	<u>IES WITH TH</u>	Lease	OFFICE	Well No.
R.C.Da	voust Corr	ipany				Brainard	Trict 3	3
Unit Letter	Section	Township	R	ange		County		
Pool	34	T-18-S		<u> </u>	<u>29-e</u>	Eddy		
Turkey Trac	:k					Kind of Lease (Star Federal	te, Fed _s Fee)	
If well produces oil or condensate Unit Letter					Section 34	Township	Rang	
	give location of tanks					T-18-S R-29-E address to which approved copy of this form is to be sent)		
Authorized transporter of	oil 🗶 or co	ondensate			diess (give ad	aress to which appro	ved copy of this f	orm is to be sent)
	Cono							
Authorized			ctually Con		Yes	<u>No X</u>	, , , , , ,	
Authorized transporter of	casing head g	gas or dry gas	Date Co nected	on- Ad	aress (give ad	dress to which appro	ved copy of this fo	orm is to be sent)
TSTM								
If gas is not being sold,	ve teasons a	nd also explain its	hresent diana				······	
the gas to not being sold,			present dispos	si (101).				
Too small t	o m easur e							
		REASO	N(S) FOR FI	LING (ple	ase check p	roper box)		
	New Well		 .	C	hange in Owne	ership	••••	
	Change in Tra	an sporter (check one	e)	0	ther (explain b			
		ad gas . 🔄 Dry d						
	Casing ner	du gas Conc	ensate					11 i V E D
								4 1964
								lo C. A. Office
Remarks								
The undersigned certifi	es that the T	Pulse and Dessie		il Car	mania - C	:		
- ac anactorgaeu certin	to mai me r	sics and regulat	lous of the U	couser	VALIOU COMM	ission nave Deen c	ompirea with,	
	Executed	this the 1st	_ day of	May		, 19 64		
OIL C	ONSERVATI	ON COMMISSION	_	By		211 0	11	1
Approved by						Ulve E	tela.	
· · · · · ·	1.1			Tit	e		1- MM	<u>v</u>
	Prad	Licity			Agen	t		
Title				Con	npany			
of and gas inspector					R. C. Davoust Ca			
Date				Add	ress			
MA	Y 4 196	4			\ \ /?]]_?			
	·····	•		\$06	Wilkinsor	-Foster Bldg.	Midland, 1	exas