

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 July 3, 1962

(Place)

(Date)

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

Western Development Co. of Delaware Simms and Well No. 1, in NE 1/4 NE 1/4,

(Company or Operator)

(Lease) Reese Federal

A, Sec. 33, T. 18-S, R. 30-E, NMPM., North Benson Pool

Unit Letter

Eddy

Please indicate location:

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

660' FNL & 330' FEL

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	615	100
4 1/2	3363	325
2 3/8	2780	

County. Date Spudded 5-8-62 Date Drilling Completed 6-11-62
Elevation 3442' GL Total Depth 3363' PBD 3360'

Top Oil/Gas Pay 2784' Name of Prod. Form. Queen-Grayburg

PRODUCING INTERVAL -

Perforations 2784-96; 2980-88; 3308-18

Open Hole None Depth Casing Shoe 3363' Depth Tubing 2780'

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): 50 bbls. oil, 3 bbls water in 2 hrs, 0 min. Size 1 1/2" Choke

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): Treated with 1120 gallons acid, 74,320 lb. sand and 1805

Casing Tubing Date first new bbls. lease crude.
Press. 350 Tubing 325 oil run to tanks July 3, 1962.

Oil Transporter McWood Corporation

Gas Transporter None

Remarks:

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

Approved JUL 19 1962, 19

Western Development Co. of Delaware

(Company or Operator)

By:

(Signature)

Title Production Superintendent

Send Communications regarding well to:

Name Western Development Co. of Delaware

Address P. O. Box 427, Artesia, New Mexico

OIL CONSERVATION COMMISSION

By:

Title OIL AND GAS INSPECTOR

OIL CONSERVATION COMMISSION
AIRPORT OFFICE
No. C-100-1000
FROM
STATE OF CALIFORNIA
U. S. G. S.
TRANSPORTER
FILE
BUREAU OF MINES

NUMBER OF COPIES RECEIVED	
CONTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION 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 Western Development Company of Delaware				Lease Simms and Reese Fed.		Well No. 1	
Unit Letter A	Section 33	Township 18-S	Range 30-E	County Eddy			
Pool North Benson				Kind of Lease (State, Fed, Fee) Federal			
If well produces oil or condensate give location of tanks			Unit Letter A	Section 33	Township 18-S	Range 30-E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> McWood Corporation				Address (give address to which approved copy of this form is to be sent) Midland, Texas			
Is Gas Actually Connected? Yes <input type="checkbox"/> 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:

No gas connection to new tank battery yet.

REASON(S) FOR FILING (please check proper box)

New Well <input checked="" type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas . <input type="checkbox"/> Condensate . <input type="checkbox"/>	

RECEIVED
JUL 5 1962
O. C. C.
ARTESIA, OFFICE

Remarks

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

Executed this the 3rd day of July, 19 62.

OIL CONSERVATION COMMISSION		By
Approved by	<i>M. L. Armstrong</i>	<i>B. W. Wrenn</i>
Title		Production Superintendent
Date		Company
JUL 19 1962		Western Development Company of Delaware
		Address
		P. O. Box 427, Artesia, New Mexico