

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

(Form C-104)  
Revised 7/1/57

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  
(Place)

Sept. 30, 1963  
(Date)

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

Simms & Reese Oil Co.,

McClay

Well No. 5, in SE 1/4 NE 1/4,

(Company or Operator)

188, R. 308, NMPM, North Benson & Eddy Pool

Eddy

County. Date Spudded 8/9/63

Date Drilling Completed 9/14/63

Please indicate location:

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

Elevation 3041 Total Depth 3219 PBD

Top Oil/Gas Pay 2902 - 24 Name of Prod. Form. Queen

PRODUCING INTERVAL - 2908 2904 2918 2916

Perforations 2907, 2905, 2915, one shot each

Open Hole Depth 3219 Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: 10 bbls. oil, none bbls water in 24 hrs, min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 60 bbls. oil, bbls water in 24 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): 1095 bbls oil 12 bbls acid 38000 # sand

Casing Tubing Date first new 9/25/63  
Press. 900 Press. 300 oil run to tanks

Oil Transporter McWood

Gas Transporter

Tubing, Casing and Cementing Record

Size Feet Sx

8 5/8	557	50
5 1/2	3219	100

Remarks: 1650/7 330/6

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

Approved OCT 2 1963, 19

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title OIL AND GAS INSPECTOR

By: (Company or Operator)  
(Signature)

Title: Representative  
Send Communications regarding well to:

Name

Address

RECEIVED  
OCT 2 1963  
D. C. C.  
ARTESIA OFFICE

1. Name of the person or organization 2. Address 3. City 4. State 5. Zip		6. Date 7. Time 8. Location	
9. Description of the event 10. Name of the person or organization		11. Name of the person or organization 12. Address 13. City 14. State 15. Zip	
16. Description of the event 17. Name of the person or organization		18. Name of the person or organization 19. Address 20. City 21. State 22. Zip	
23. Description of the event 24. Name of the person or organization		25. Name of the person or organization 26. Address 27. City 28. State 29. Zip	
30. Description of the event 31. Name of the person or organization		32. Name of the person or organization 33. Address 34. City 35. State 36. Zip	

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
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 <b>Simms &amp; Reese Oil Company</b>				Lease <b>McClay</b>		Well No. <b>5</b>
Unit Letter <b>N</b>	Section <b>13</b>	Township <b>18S</b>	Range <b>30E</b>	County <b>Eddy</b>		
Pool <b>North Benson</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>		
If well produces oil or condensate give location of tanks			Unit Letter <b>N</b>	Section <b>33</b>	Township <b>18S</b>	Range <b>30E</b>
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>  <b>Howood</b>				Address (give address to which approved copy of this form is to be sent)  <b>Box 330 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</b>			Date Connected	Address (give address to which approved copy of this form is to be sent)  <b>Bartsville, Oklahoma</b>		

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

**Vented**

**Line not in.**

**ILLEGIBLE**

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

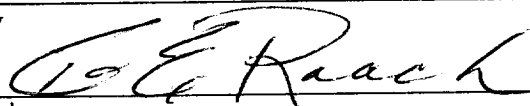
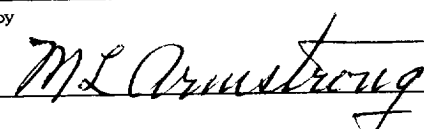
New Well ..... ☐  
 Change in Transporter (check one)  
 Oil ..... ☐ Dry Gas ..... ☐  
 Casing head gas . ☐ Condensate.. ☐

Change in Ownership ..... ☐  
 Other (explain below)

Remarks

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

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

OIL CONSERVATION COMMISSION		By 
Approved by 	Title <b>Representative</b>	
Title <b>OIL AND GAS INSPECTOR</b>	Company <b>Simms &amp; Reese Oil Company</b>	
Date <b>OCT 2 1963</b>	Address <b>200 Booker Building</b>	