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PRODUCTION OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

## REQUEST FOR (OIL) - (GAS) ALLOWABLE

FEB 3 1964

New Well  
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to a 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)

(Date)

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

Floyd W. Smith & Co., Inc. USA Elliott, Well No. 3, in SE 1/4 SE 1/4,  
(Company or Operator) (Lease)

P, Sec. 29, T. 18-S, R. 30-E, NMPM, North Benson Queen Grayburg  
Unit Letter

Eddy

County. Date Spudded 12/22/63. Date Drilling Completed 12/29/63

Please indicate location:

Elevation 3414 Total Depth 3357 PBD 3253

Top Oil/Gas Pay 2630 Name of Prod. Form. Queen-Grayburg

### PRODUCING INTERVAL -

Perforations 2880, 2916, 2995, 3150, 3195, 3197, 3201, 2990, 2992, 3161

Open Hole None Depth 3283 Tubing 2800

### OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 6.2 bbls. oil, 6 bbls water in 24 hrs, min. Choke Size 5/4

### GAS WELL TEST -

Natural Prod. Test: None 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): 2500 gal 15% NE acid; 30,000 gal Lease Crude 1 1/2

Casing 650 Tubing 100 Date first new oil run to tanks 1/30/64 PSPG

Oil Transporter McWood Corp.

Gas Transporter

Remarks:

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

Approved 1964, 19.

Floyd W. Smith & Company, Inc.  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]  
(Signature)

By: [Signature]

Title Assistant General Manager

Send Communications regarding well to:

Title OIL AND GAS INSPECTOR

Name Floyd W. Smith & Company, Inc.

Address Box 1518, Midland, Texas

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	GAS	
PRORATION OFFICE		
OPERATOR		2

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>Floyd W. Smith &amp; Co., Inc.</b>				Lease <b>U.S.A. Elliott</b>		Well No. <b>3</b>	
Unit Letter <b>P</b>	Section <b>29</b>	Township <b>18-S</b>	Range <b>30-E</b>		County <b>Eddy</b>		
Pool <b>North Benson Queen Grayburg</b>					Kind of Lease (State, Fed, Fee) <b>Federal</b>		
If well produces oil or condensate give location of tanks			Unit Letter <b>0</b>	Section <b>29</b>	Township <b>18-S</b>	Range <b>30-E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>McWeed Corporation</b>				Address (give address to which approved copy of this form is to be sent) <b>Abilene, Texas</b>			
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"/> <b>None</b>			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 pipe line available and volume very small**

**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)

**RECEIVED**

**FEB 3 1964**

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

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

Executed this the **16** day of **January**, 19**64**.

**OIL CONSERVATION COMMISSION**

Approved by <i>M. L. Armstrong</i>	By <i>K. E. Eldred</i>
Title <b>OIL AND GAS INSPECTOR</b>	Title <b>Assistant General Manager</b>
Date <b>FEB 3 1964</b>	Company <b>Floyd W. Smith &amp; Co., Inc.</b>
	Address <b>P. O. Box 1518, Midland, Texas</b>

**FLOYD W. SMITH & CO., INC.**

PHONE MU 3-5111

P. O. BOX 1518

MIDLAND, TEXAS

December 31, 1963

RECEIVED  
JAN 6 1964  
O. O. B.  
ARTESIA OFFICE

New Mexico Oil Conservation Commission  
P. O. Drawer DD  
Artesia, New Mexico

Re: U S A - LC 068402

Gentlemen:

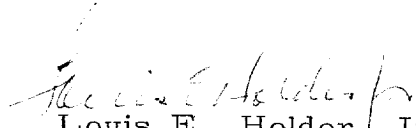
Deviation Surveys were taken during the drilling of our U S A Elliott #3 which is located in Sec 29, T 18-S 30-E, Eddy Co., New Mexico. The results of these surveys are as follows:

Date	Depth	Inclination
12/24/63	750	3/4°
12/27/63	2175	1 1/4°
12/28/63	2900	3/4°
12/29/63	3357	1°

Also attached hereto you will find one copy of the Gamma Gamma Log which was run in this well.

Sincerely,

FLOYD W. SMITH & COMPANY, INC.

  
Louis E. Holder, Jr.  
Assistant General Manager

LEH/jb

Attachment