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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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 June 25, 1963
(Place) (Date)

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

Floyd W. Smith & Co. Inc. U.S.A. Light, Well No. 1, in N.E. 1/4 S.W. 1/4,
(Company or Operator) (Lease)
K, Sec. 29, T. 18, R. 30, NMPM., North Benson-Grayburg Pool
Eddy County. Date Spudded 5-30-63 Date Drilling Completed 6-5-63

Please indicate location:

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

Elevation 3435 Total Depth 3250 PBTD 3180

Top Oil/Gas Pay 2810 Name of Prod. Form. Queen Lake

PRODUCING INTERVAL -

Perforations 2987, 2988, 2991, 2992 & 3034, 3035, 3038, 3039

Open Hole None Depth Casing Shoe 3150 Tubing 3005

OIL WELL TEST -

Natural Prod. Test: 52 bbls. oil, 10 bbls water in 24 hrs, min. Choke Size Pump

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 645 bbls. oil, 10 bbls water in 24 hrs, min. Choke Size L

GAS WELL TEST -

Natural Prod. Test: none MCF/Day; Hours flowed none Choke Size none

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): 20,000 gal. Frac Oil & 30,000# Sand, 500 Acid

Casing Tubing Date first new Press. none Press. none oil run to tanks 6/21/63

Oil Transporter McWood Corporation

Gas Transporter

1980/1 + W
(FOOTAGE)
Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|--------|------|-------------|
| 9 5/8" | 30 | 2 yard bulk |
| 7" | 526 | 100 sk |
| 4 1/2" | 3150 | 150 |

Remarks:

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

Approved JUN 26 1963, 19.

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

By: B. D. Crismon
(Signature)

By: P. L. Stewart

Title OIL AND GAS INSPECTOR

Title S.U.pt.

Send Communications regarding well to:

Name Louis Holder

Address Box 1510

| | |
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| OIL | |
| GAS | |
| PRODUCTION 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 Floyd W. Smith & Co. Inc. | | | | Lease U.S.A. Light | | Well No. 1 | |
| Unit Letter K | Section 29 | Township 18s | Range 30e | County Eddy | | | |
| Pool <i>under</i> North Benson - Grayburg | | | | Kind of Lease (State, Fed, Fee) Federal | | | |
| If well produces oil or condensate give location of tanks | | | Unit Letter K | Section 29 | Township 18s | Range 30e | |
| 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) Box 1518 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"/> None | | | Date Connected | Address (give address to which approved copy of this form is to be sent) None | | | |

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

No gas connection equalized from tubing back to casing.

Vented.

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 . . ☐

| |
|---------|
| Remarks |
|---------|

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

Executed this the 25 day of June, 19 63

OIL CONSERVATION COMMISSION

Approved by *[Signature]*
Title **OIL AND GAS INSPECTOR**

Date **JUN 26 1963**

By *[Signature]*
Title **New Mexico Supt.**
Company **Floyd W. Smith & Co. Inc.**
Address **Box 1518 Midland, Texas**