

REQUEST FOR (OIL) - (GAS) ALLOWABLE

SEP 16 1960
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 September 14, 1960
(Place) (Date)

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

Kersey & Company Twin Lakes Well No. 11, in NE 1/4 SW 1/4,
(Company or Operator) (Lease)

K Sec. 28, T. 18, R. 28, NMPM., Artesia Pool
Unit Letter

Eddy County. Date Spudded Apr. 22, 1960 Date Drilling Completed May 12, 1960

Please indicate location:

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

1980 S. - 1980 W.

Elevation 3527' ground floor Total Depth 2074' PBD

Top Oil/Gas Pay 2010 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 2010 - 2040 2 shots/foot

Open Hole 0 Depth Casing Shoe 2066 Depth Tubing 2000'

OIL WELL TEST -

Natural Prod. Test: 1 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 0

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 35 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 0

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): 7000# 20-40 Sand - 4500 gal waterfrac - 25# J-100

Casing Tubing Date first new Press. 3500# Press. oil run to tanks September 10, 1960

Oil Transporter Continental Pipe Line Company

Gas Transporter

Remarks: well is pumping

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

Approved: 19

Kersey & Company
(Company or Operator)

By: Harold Kersey
(Signature)

Title: Owner

Send Communications regarding well to:

Name: Kersey & Company

Address: Box 505, Artesia, New Mexico

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title: District Engineer

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55
RECEIVED

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

SEP 16 1960

ARTESIA, N.M.

Company or Operator Kersey & Company Lease Twin Lakes

Well No. 11 Unit Letter K S 28 T 18S R 28E Pool Artesia

County Eddy Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit K S 28 T 18 R 28

Authorized Transporter of Oil or Condensate Continental Pipe Line Company

Address P. O. Box 367, Artesia, New Mexico
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas _____
Address _____ Date Connected _____
(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:

Reasons for Filing: (Please check proper box) New Well (X)

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: (Give explanation below)

To name the transporter of a new well

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

Executed this the 16 day of September 19 60

By Harold Kersey
Title Owner

Approved SEP 16 1960 19

OIL CONSERVATION COMMISSION

Company Kersey & Company

By M. L. Armstrong

Address Box 305, Artesia, New Mexico

Title OIL AND GAS INSPECTOR