

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 March 16, 1959.  
(Place) (Date)

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

John W. Gates, Elliott-Parcell, Well No. 4, in NE NE 1/4, 1/4,

(Company or Operator)  
A, Sec. 13, T. 19S, R. 28E, Undesignated Pool  
Unit Letter  
Eddy

County. Date Spudded 1-19-59 Date Drilling Completed 3-3-59

Please indicate location:

Elevation Total Depth 2285 PBTD

Top Oil/Gas Pay 1742, 2091 Name of Prod. Form. Queen & Grayburg

PRODUCING INTERVAL -

Perforations 1742-48, 2091-97, 2132-38, 2167-73

Open Hole Depth 2285 Depth 1702  
Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: 4 Gal. bbls. oil, bbls water in 1 hrs, min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 47 bbls. oil, 11 bbls water in 24 hrs, min. Size

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): 35000 Gals. oil, 110000# sand, 666 Gals. BDA.

Casing 450 Tubing 300 Date first new 3-16-59  
Press. oil run to tanks

Oil Transporter Malco

Gas Transporter none

Remarks:

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

Approved: 19

John W. Gates

(Company or Operator)

By: M. L. Armstrong

(Signature)

Title: Bookkeeper

Send Communications regarding well to:

Name: John W. Gates,

Address: Box 596, Artesia, N. Mex.

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title:

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

Form C-110  
Revised 7/1/55

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

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator John W. Gates Lease Elliott-Parcell

Well No. 4 Unit Letter A<sup>✓</sup>S 13 T 19S R 28E Pool Undesignated

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

If well produces oil or condensate, give location of tanks: Unit G S 13 T 19S R 28E

Authorized Transporter of Oil or Condensate Malco Refineries, Inc.

Address Box 660, Roswell, New Mexico.

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas none

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:

Gas flared & burned

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

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

Change in Ownership ( ) Other ( )

Remarks: (Give explanation below)

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

Executed this the 16th day of March, 19 59

Approved \_\_\_\_\_ 19 \_\_\_\_\_

By Nala Border

Title Bookkeeper

Company John W. Gates,

Address Box 596,

Artesia, N. Mex.

OIL CONSERVATION COMMISSION

By M. L. Armstrong

Title \_\_\_\_\_