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	GAS
PRODUCTION OFFICE	
OPERATOR	

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.

APR 27 1962
Midland, Texas (Place) APR 25, 1962 (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS Ray Smith Camfield-4-Federal, Well No. 1, in EE 1/4 SE 1/4,
(Company or Operator) (Lease)
Unit Letter 33, Sec. 13, T. 18S, R. 20E, NMPM, East Mustang Camfield Pool

Please indicate location:

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

1050 ft. & 330 ft.
(FOOTAGE)
Tubing, Casing and Cementing Record

Size	Feet	Sax
7-5/8	732	250
4-1/2	3173	350
2	3100	

County. Date Spudded 4-1-62 Date Drilling Completed 4-10-62
Elevation 3663 Total Depth 3173 **RECEIVED**
Top Oil/Gas Pay 3034 Name of Prod. Form. Queen
PRODUCING INTERVAL -
Perforations 3034-3076
Open Hole _____ Depth _____
Casing Shoe 3173 **DEPTESIA**
OIL WELL TEST -
Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 187 bbls. oil, 0 bbls. water in 1 hrs, 0 min. Size 16/64
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): 2000 gal. oil & 10.000% sand
Casing Press. 600 Tubing Press. 250 Date first new oil run to tanks 4-26-62
Oil Transporter The Permian Corporation
Gas Transporter None

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved MAY 7 1962, 19____, Ray Smith
(Company or Operator)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong
Title Oil and Gas Inspector

By: Edward Smith
(Signature)
Title Agent
Send Communications regarding well to:
Name Ray Smith
Box 959, Midland, Texas

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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 Ray Smith				Lease Camfield-Federal		Well No. 1	
Unit Letter I	Section 23	Township 188	Range 30E	County Adair			
Pool West Shugart under				Kind of Lease (State, Fed, Fee) Fed			
If well produces oil or condensate give location of tanks			Unit Letter I	Section 13	Township 188	Range 30E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> The Permian Corporation				Address (give address to which approved copy of this form is to be sent) Box 3119, 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)			

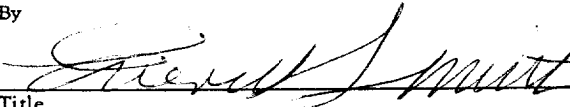

If gas is not being sold, give reasons and also explain its present disposition:
No connection available.

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

New Well <input checked="" type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>	

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.
 Executed this the 25th day of April, 1962.

OIL CONSERVATION COMMISSION		By 
Approved by 		Title Agent
Title OIL AND GAS INSPECTOR		Company Ray Smith
Date MAY 7 1962		Address Box 953, Midland, Texas

RECEIVED

MAY 7 1962

O. C. C.
ARTESIA, OFFICE

RECEIVED

APR 27 1962

O. C. C.
ARTESIA, OFFICE