22 EXICO OIL CONSERVATION COMMISSION RECEIVE Revised 7/1/57 NEW REQUEST FOR (OIL) - (GAS) ALLOWABHEC 8 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 Estal. 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. ROSWELL, NEW MEXICO 1960 DECEMBER 1. (Place) (Date) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: SE SW KELLY FEDERAL WAYNE J. SPEARS, Well No..... Company or Operator, i**n.**.. 95 , R 30E 195, NMPM. Pool Unit Letter 1/27/60 10/20/60 EDDY Date Drilling.Completed Elevation 333 Total Depth PBTD Please indicate location: 1679 YATES Top Oil/Gas Pay Name of Prod. Form. C D В Å PRODUCING INTERVAL -1672-1700; 1706-27 Perforations E F G Ħ Depth 1785 Depth 1670 Open Hole Casing Shoe Tubina OIL WELL TEST -GALS. L K J Ι Choke bbls.oil, _____bbls water in Natural Prod. Test: hrs, min. Siże Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke 21 Choke 21 M N Ρ 0 load oil used): 30 20 bbls water in bbls.oil. hrs, min. Size GAS WELL TEST -1990 6 Natural Prod. Test: MCF/Day; Hours flowed Choke Size tubing Casing and Comenting Record Method of Testing (pitot, back pressure, etc.):_ Size Feet Sax Test After Acid or Fracture Treatment: MCF/Day; Hours flowed 385 8-5/8 390 Choke Size Method of Testing: 1785 5-1/2 600 Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and 650 BBLS. OF DIL PLUS 20,000 LBS. SAND sand): Casing SI Tubing 2" Date first new 1960 1670 Nov. 30, Press. Press. oil run to tanks CACTUS PETROLEUM INC. **Oil Transporter** Gas Transporter Remarks I hereby certify that the information given above is true and complete to the best of my knowledge. J. SPEARS 1960 WAYNE DEC 8 Approved..... (Company or Operator) OIL CONSERVATION COMMISSION By:... (Signature) 0710 By: Title. Send Communications regarding well to: PR IS + GAS IFSPEC Title WAYNE J. SPEARS Name.....

Address ROON 726, PET. BLDG., ROSWELL, N. M

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(File the ori	ginal and 4 copies with	the appropriate district	₿££i€)EIVED
	FICATE OF COMPLIAN	NCE AND AUTHORIZAT ND NATURAL GAS	
Company or Operator	WAYNE J. SPE	ARSLease_	KERTEBIL
Well NoU	nit Letter N S 20 T	195 30E Pool	Underseg.
County EDDY If well produces oil o		tion of tanks: Unit K	FEDERAL 20 T 195 R 30E
Address -	34, MIDLAND, TEXAS		
(Give add	ress to which approved	copy of this form is to	be sent)
Authorized Transport	er of Gas		
Address			
	ld, give reasons and als	copy of this form is to so explain its present di	
	lease check proper box r of (Check One): Oil () New Well) Dry Gas () C'head	() () Condensate ()
	()		
Change in Ownership_ Remarks:	()	Other	nation below)
		- · 1	- •

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

Executed this the day of	60	
	By Jace J. ME-Clollan	
Approved DEC 8 1960 19	Title	
OIL CONSERVATION COMMISSION	CompanyWAYNE J. SPEARS	
By ML anustrong	Address ROOM 726 PET. BLDG.	
Title_ OIL ARE GAS IFSTATEL	ROSWELL, NEW MEXICO	

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