

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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 QUADRUPPLICATE 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 NOV. 1, 1960  
(Place) (Date)

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

IVERSON & WELCH SHUGART, Well No. A-5, in NW 1/4 SW 1/4,  
(Company or Operator) (Lease)

L, Sec. 29, T. 18S, R. 31E, NMPM., UNDESIGNATED Pool  
Unit Letter

EDDY

Please indicate location:

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

County. Date Spudded 9/4/60 Date Drilling Completed 10/21/60  
Elevation - Total Depth 3762 PBTD 2725  
Top Oil/Gas Pay 2540 Name of Prod. Form. YATES

PRODUCING INTERVAL -

Perforations 2540 to 2555, 90 HOLES  
Open Hole - Depth - Casing Shoe 2725 Depth Tubing NONE

OIL WELL TEST -

Natural Prod. Test: 10 bbls. oil, - bbls water in 24 hrs, - min. Choke Size NONE  
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 100 bbls. oil, - bbls water in 24 hrs, - min. Choke Size SWAB

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	691	75
7	2725	100

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testings:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): (SEE BELOW)

Casing Tubing Date first new  
Press. NONE Press. NONE oil run to tanks NOV. 1, 1960

Oil Transporter TEXAS NEW MEXICO PIPE LINE COMPANY

Gas Transporter

Remarks: PERFORATED 7" CASING 10/28/60 FROM 2540 TO 2555. TREATED ON OCTOBER 30, 1960 WITH 868 BBLs. OF OIL AND 60,000# OF 20/40 SAND.

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

Approved NOV 3 1960, 19

IVERSON & WELCH  
(Company or Operator)

By: (Signature)  
(Signature)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title AGENT

Send Communications regarding well to:

Title OIL AND GAS INSPECTOR

IVERSON & WELCH

Name P. O. BOX 1417

Address ARTESIA, NEW MEXICO

HB



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)

RECEIVED

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

NOV 3 1960

Company or Operator IVERSON & WELCH Lease SHUGART

Well No. A-5 Unit Letter L S 29 T 18S R Pool UNDESIGNATED

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

If well produces oil or condensate, give location of tanks: Unit 01 S 29 T 18S R 31E

Authorized Transporter of Oil or Condensate TEXAS NEW MEXICO PIPE LINE CO.  
P. O. BOX 1510

Address MIDLAND, TEXAS  
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas NONE

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:

VENTED

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

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 \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

Approved NOV 3 1960 \_\_\_\_\_ 19 \_\_\_\_\_

OIL CONSERVATION COMMISSION

By M. L. Armstrong

Title OIL AND GAS INSPECTOR

By [Signature]

Title AGENT

Company IVERSON & WELCH

Address P. O. BOX 1417  
ARTESIA, NEW MEXICO

OIL CONSERVATION COMMISSION  
ARTESIA DISTRICT OFFICE

No. Copies Received \_\_\_\_\_  
Date Received \_\_\_\_\_

CITY OF ARTESIA  
COUNTY OF SANTA FE  
REGISTRATION NO. \_\_\_\_\_  
STATE LAND OFFICE  
U.S. SURVEY NO. \_\_\_\_\_  
DATE OF SALE \_\_\_\_\_  
NAME OF BUYER \_\_\_\_\_  
NAME OF SELLER \_\_\_\_\_