

REQUEST FOR (OIL) - (GAS) ALLOWABLE MAY 9 1962 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 is 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, N. M. 5/1/62
 (Place) (Date)

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

R. Q. Silverthorne Kenwood, Well No. 1, in SE 1/4 SW 1/4,
 (Company or Operator) (Lease)
 "N" Sec. 30, T. 18 S, R. 31 E, NMPM., Shurt Pool
 Unit Letter
 Eddy County. Date Spudded 9/8/61 Date Drilling Completed 10/13/61

Please indicate location:

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

330/S 2310/W

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	819	50
7	900	100
5 1/2	2600	100
2	2490	

Elevation Total Depth 3661 PBD 2600

Top Oil/Gas Pay 2572 Name of Prod. Form. Lower Yates

PRODUCING INTERVAL -

Perforations 2572-82

Open Hole Depth Casing Shoe 2600 Depth Tubing 2490

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 20 bbls. oil, 10 bbls water in 24 hrs, min. Size Open Choke

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): 30,000 gals oil & 40,000 # sd.

Casing Tubing Date first new Press. oil run to tanks 4/30/62

Oil Transporter Texas New Mex Pipe Line

Gas Transporter

Remarks:

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

Approved MAY 9 1962, 19

R. Q. Silverthorne
 (Company or Operator)

OIL CONSERVATION COMMISSION

By: A. D. Fryman
 (Signature)

By: M. L. Armstrong

Title Agent-Consultant

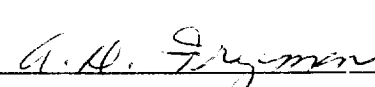
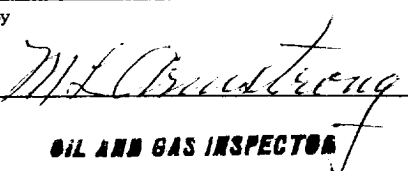
Title OIL AND GAS INSPECTOR

Send Communications regarding well to:

Name A. D. Fryman

Address 1503 Washington Artesia, N. M.

ON CONFIRMATION COMMISSION	
CONFIRMATION OF RECEIPT	
NAME OF THE PARTY	
ADDRESS	
CITY	
STATE	
U. S. G. A.	
TRANSPORT	
PRICE	
BURDEN	

NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS PRODUCTION OFFICE OPERATOR		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 R. Q. Silverthorne				Lease Kenwood		Well No. 1
Unit Letter "N"	Section 30	Township 18 S	Range 31 E	County Eddy		
Pool Shugart				Kind of Lease (State, Fed, Fee) Federal		
If well produces oil or condensate give location of tanks		Unit Letter "N"	Section 30	Township 18 S	Range 31 E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Texas New Mex Pipe Line Co.			Address (give address to which approved copy of this form is to be sent) P. O. Box 1510 Midland, Texas			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> Phillip Pet. Company		Date Connected 4/20/62	Address (give address to which approved copy of this form is to be sent) Adams Bldg. Bartlesville, Okla,			
If gas is not being sold, give reasons and also explain its present disposition:						
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"/>						
RECEIVED MAY 9 1962 O. C. C. ARTESIA, OFFICE						
Remarks						
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.						
Executed this the _____ day of _____, 19__.						
OIL CONSERVATION COMMISSION				By		
Approved by				 Title		
 Title OIL AND GAS INSPECTOR				Company R. Q. Silverthorne		
Date				Address		
MAY 9 1962				P. O. Dr. 2031 Plainview, Texas		