

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

RECEIVED

(Form C-104)

JUL 2 5 1957

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Oil Cons. Comm.

This form shall be submitted by the operator before an initial allowable will be assigned to any completed 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

7/22/57

(Place)

(Date)

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

KEOHANE-SAUNDERS, ET AL HINKLE A, Well No. 6-A, in SE 1/4 NE 1/4,

(Company or Operator)

H, Sec. 34, T. 18S, R. 31E, NMPM., SHUGART

Pool

Unit Letter

EDDY

County. Date Spudded. 4/19/57

Date Drilling Completed

7/15/57

Please indicate location:

Elevation Total Depth 3855 PSTD

Top Oil/Gas Pay 3832 Name of Prod. Form. GRAYBERG

PRODUCING INTERVAL -

Perforations FROM 3832 TO 3854 - 10 SHOTS PER FT.

Open Hole 3850 TO 3855 Depth Casing Shoe 3850 Depth Tubing 3850

OIL WELL TEST -

Natural Prod. Test: 60 bbls.oil, - bbls water in 24 hrs, - min. Choke -

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 240 bbls.oil, - bbls water in 24 hrs, - min. Choke SWABBING

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 AND 28,000# SAND

Casing Tubing Date first new Press. - Press. - oil run to tanks 7/15/57

Oil Transporter TEXAS NEW MEXICO PIPE LINE CO.,

Gas Transporter NO SALE FOR GAS

Remarks:

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

Approved JUL 2 4 1957, 19.

KEOHANE-SAUNDERS, ET AL

(Company or Operator)

By: [Signature]

(Signature)

AGENT

Title.

Send Communications regarding well to:

KEOHANE-SAUNDERS, ETAL

Name. P. O. Box 1392

Address. ARTESIA, NEW MEXICO.

OIL CONSERVATION COMMISSION

By: M.L. Armstrong

Title. OIL AND GAS INSPECTOR

OIL CONSERVATION COMMISSION
ARTESIA DISTRICT OFFICE

Office Received _____

DISBURSEMENT

	NO. FURNISHED	
Operator		
Service		
Proportion		
State Land		
U. C. G. S.		
Transport		
Other		