

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

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.

ARTESIA, NEW MEXICO 11/17/58

(Place)

(Date)

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

KEOHANE SAUNDERS WELCH & IVERSON HINKLE, Well No. 13A, in NE 1/4 NE 1/4,

Company or Operator (Lease) A ✓ Sec. 34, T. 18S, R. 31E, NMPM, SHUGART Pool

Unit Letter

EDDY

County. Date Spudded 8/9/58 Date Drilling Completed 10/27/58

Please indicate location:

Elevation - Total Depth 4117 PBDT -

Top Oil/Gas Pay 3822 Name of Prod. Form. GRAYBERG

PRODUCING INTERVAL - 3880-3890 - 60 HOLES.

Perforations 3822-3832 - 6 SHOTS PER FT.
3836-3850 - 6 SHOTS PER FT.

Open Hole - Depth Casing Shoe 4117 Depth Tubing -

OIL WELL TEST -

Natural Prod. Test: 30 bbls. oil, - bbls water in 24 hrs, min. Size SWAB

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 240 bbls. oil, I bbls water in 24 hrs, min. Size 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): (SEE BELOW)

Casing Tubing Date first new Press. - Press. - oil run to tanks // 6/8/58

Oil Transporter TEXAS NEW MEXICO PIPE LINE Co.

Gas Transporter

Remarks: SANDFRAC 11/5/58 FROM 3880 TO 3890, 1060 BBLs. OIL AND 35,500# OF SAND. SANDFRAC 11/10/58 FROM 3922-3832; 3836-3850, 1190 BBLs. OF OIL AND 45,000# OF SAND.

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

Approved NOV 19 1958

KEOHANE SAUNDERS WELCH & IVERSON

(Company or Operator)

By: (Signature)

Title AGENT

Send Communications regarding well to:

Name KEOHANE SAUNDERS, ET AL

BOX 1392

Address ARTESIA, NEW MEXICO.

OIL CONSERVATION COMMISSION

By: M.L. Armstrong

Title

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)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator KEOHANE SAUNDERS WELCH & IVERSON Lease HINKLE A
Well No. I3-A Unit Letter A S 34 T I8S R 3IE Pool SHUGART
County EDDY Kind of Lease (State, Fed. or Patented) FEDERAL
If well produces oil or condensate, give location of tanks: Unit L S 35 T I8S R 3IE
Authorized Transporter of Oil or Condensate TEXAS NEW MEXICO P. L. COMPANY
Box 1510
Address MIDLAND, TEXAS.
(Give address to which approved copy of this form is to be sent)
Authorized Transporter of Gas NO MARKET FOR GAS
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:
VENTED

Reasons for Filing: (Please check proper box) 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 17TH day of NOVEMBER 19 58

Approved _____ 19 _____

OIL CONSERVATION COMMISSION

By M L Armstrong

Title 7

By [Signature]

Title AGENT

KEOHANE SAUNDERS WELCH & IVERSON
Company

Address Box 1392
ARTESIA, NEW MEXICO.