

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

RECEIVED

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

JUN 19 1959

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 JUNE 18, 1959,
(Place) (Date)

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

KEOHANE SAUNDERS, ET AL HINKLE B, Well No. 5, in SE 1/4 NW 1/4,

(Company or Operator)

(Lease)

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

Unit Letter

EDDY

County. Date Spudded 1/7/59

Date Drilling Completed 5/29/59

Please indicate location:

| | | | |
|---|--------|---|---|
| D | C | B | A |
| E | F 5 | G | H |
| L | K | J | I |
| M | N | O | P |

Elevation _____ Total Depth _____ PBD

Top Oil/Gas Pay 3818 Name of Prod. Form. GRAYBERG

PRODUCING INTERVAL -

Perforations 3818 to 3832; 4422 to 4434

Open Hole _____ Depth _____ Casing Shoe 4494 Depth _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: 20 bbls. oil, _____ bbls water in 24 hrs, _____ min. Choke Size SWAB

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 60 bbls. oil, _____ bbls water in 24 hrs, _____ min. Choke Size SWAB.

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 _____)

and): _____ Tubing _____ Date first new _____
Casing _____ Press. _____ oil run to tanks JUNE 14, 1959

Gas Transporter _____

Gas Transporter _____

Tubing, Casing and Cementing Record

| Size | Feet | Sack |
|--|------|------|
| 8 | 875 | 50 |
| 7 | 4075 | 225 |
| 500 FT. OF 4 1/2" LINE FROM BOTTOM OF HOLE | | |
| CEMENTED WITH 50 SACKS | | |

Remarks: ON 5/30/59 TREATED FROM 4422 TO 4434 WITH 900 BBLs. OF OIL AND 45,000# OF SAND. ON JUNE 8, 1959 TREATED FROM 3818 TO 3832 WITH 900 BBLs. OF OIL AND 52,500# OF SAND.

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

Approved _____, 19 _____

KEOHANE SAUNDERS, ET AL

(Company or Operator)

By: _____

(Signature)

AGENT

Title _____

Send Communications regarding well to:

Name KEOHANE SAUNDERS, ET AL.

BOX 1392

Address ARTESIA, NEW MEXICO.

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title _____

| OIL CONSERVATION COMMISSION | |
|-----------------------------|--|
| ARTESIA DISTRICT OFFICE | |
| No. Certificate | |
| DATE | |
| TIME | |
| LOCATION | |
| NAME | |
| ADDRESS | |
| CITY | |
| STATE | |
| COUNTY | |
| WELL NO. | |
| WELL TYPE | |
| WELL DEPTH | |
| WELL DIRECTION | |
| WELL DIAMETER | |
| WELL PERFORATION | |
| WELL PRODUCTION | |
| WELL STATUS | |
| WELL NOTES | |

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

JUN 19 1959

Company or Operator KEOHANE SAUNDERS, ET AL Lease HINKLE B

Well No. 5 Unit Letter F S 34 T 18S R 31E Pool SHUGART

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

If well produces oil or condensate, give location of tanks: Unit K S 34 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 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 X ()

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 18TH day of JUNE 1959

Approved JUN 19 1959 1959

OIL CONSERVATION COMMISSION

By ML Armstrong

Title Oil and Gas Inspector

By [Signature]

Title AGENT

Company KEOHANE SAUNDERS ET AL

Address P. O. BOX 1392
ARTESIA, NEW MEXICO.

No. Copies Received

DISCONTINUED

OFFERATOR

SABIA TE

PROHIBITED

DATE: _____

Figure 1. The effect of the concentration of the inhibitor on the rate of polymerization of α -methylstyrene in the presence of SnCl_4 at 25°C .

10. *Journal of the American Medical Association*, 1990; 263: 1025-1028.