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 OCT. 16, 1959

(Place) (Date) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: KEOHANE SAUNDERS ET AL HINKLE B Well No. 6-B in NW 1/4 SW 1/4 (Company or Operator)

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Sec. 34

T. ISS, R SIE, NMPM., SHUGART

Pool County. Date Spudded 7/26/59 Date Drilling Completed __Total Depth_ 3857 PBTD 2900 Please indicate location: Top Oil/Gas Pay 2634 Name of Prod. Form. United! 2777-2759 2712-2702 2652-2634 PRODUCING INTERVAL -2684-2668 2724-2716 E F H Depth *2900* 2625 Open Hole Casing Shoe OIL WELL TEST -L K Ι Natural Prod. Test. TESEs.oil, _____bbls water in ____hrs, __min. Size_ 6 Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of M load oil used): 50 bbls.oil, - bbls water in 24 hrs, - min. Size GAS WELL TEST -990W MCF/Day; Hours flowed _____Choke Size___ Tubing Casing and Comenting Record Method of Testing (pitot, back pressure, etc.):____ Size Feet Sax MCF/Day; Hours flowed Test After Acid or Fracture Treatment: ____Method of Testing:__ Choke Size 8 862 *50* Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and 5₫ *2900* I50SEE BELOW sand): Tubing T50 Date first new OCTOBER I4. 1959 _oil run to tanks__ Texas New Mexico Pipe Line Co. Oil Transporter Gas Transporter Remarks SANDFRAC OCTOBER 7. 1959 - 1200 BARRELS OF OIL AND 80,000 # SAND. I hereby certify that the information given above is true and complete to the best of my knowledge. KECHANE SAUNDERS ET AL OIL CONSERVATION COMMISSION Title......A.GENT Send Communications regarding well to: BH URU CAS INSPECTOR KEOHANE SAUNDERS ET AL Address ARTESIA NEW MEXICO

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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 Opera	KEOHAN	IE SAUNDE	RS, ET	AL	Lease_#IN	KLE B
Well No.	6-B	Unit Letter_	L _{is} 34	_T	3IE Pool	SHUGAR	<u>T</u>
Caranton	EDDY	F	Cind of Lea	se (State	. Fed. or	Patented)	FEDERAL
County		il or condensa	to give lo	cation of	tanks:Unit	K 5 34	T 18 R 31
A thenie	-1 Teemer	porter of Oil o	r Condona	TEX	AS NEW MI	EXICO PIP	E LINE CO.
Authorize	ed irans	porter of Off o	or Condensa	P.	O. BOX	1510,	
Address				MI	DLAND, TI	EXAS.	
	(Give	address to wh	ich approv	ed copy o	of this form	n is to be so	ent)
Authorize	ed Trans	porter of Gas_		U MAKA	ET FUR G	# D	
Address_							
		address to wh					
If Gas is	not being	sold, give re	asons and a VENTED	also expl	ain its pre	sent dispos	ition:
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	C 17:1:	Di -	1	\ N	r	NEW WELL	
		g:(Please chec				CU - 1 ()	
Change II	n Transp	orter of (Check	k One): Oil	() Dry	Gas ()	C'nead ()	Condensate ()
Change in	n Owners	hip	() Othe	er		()
Remarks	•	,			\Giv	e explanatio	n below)
	_	ertifies that to complied wit		nd Regula	ations of th	e Oil Conse	rvation Com-
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Executed	this the	ISTH day of	OC TOBER	19 59		~	
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Approved	ł	0C, 19 959	19	Ti	tle	AGENT	
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