

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 MEX. DECEMBER 26TH, 1958

(Place)

(Date)

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

KEOHANE SAUNDERS, ET AL *L. H. A*, Well No. **12-A**, in **NE** $\frac{1}{4}$ **NW** $\frac{1}{4}$,

C (Company or Operator)

(Lease)

Sec. **35**

T. **18S**

R. **31E**

NMPM.

SHUGART

Pool

Unit Letter
EDDY

County. Date Spudded **JUNE 28, '58** Date Drilling Completed **DEC. 12, '58.**

Please indicate location:

Elevation **2698** Total Depth **4292** PBD **4093**

Top Oil/Gas Pay **2698** Name of Prod. Form. **GRAYBERG**

PRODUCING INTERVAL - **3801-3807; 3852-3860; 3864-3877;**

Perforations **2698-2728; 2760-2774.**

Open Hole **-** Depth **898** Depth Casing Shoe **-** Depth Tubing **-**

OIL WELL TEST -

Natural Prod. Test: **NONE** bbls. oil, **-** bbls water in **-** hrs, **-** min. Size **-**

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. 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 **12/18/58**
Press. **-** Press. **-** oil run to tanks

Oil Transporter **TEXAS NEW MEXICO PIPE LINE CO.**

Gas Transporter **-**

Remarks: **12-15-58-SANDFRAC WITH 50,000# SAND & 1175 BBLs. OIL FROM 3801 TO 3877.**

12/20/58-SANDFRAC WITH 30,000# SAND & 712 BBLs. OIL FROM 2698 TO 2774.

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

Approved **JAN 5 1959**, 19**59**

KEOHANE SAUNDERS, ET AL
(Company or Operator)

By: *[Signature]*
(Signature)

Title **AGENT**

Send Communications regarding well to:

Name **-**

Address **-**

OIL CONSERVATION COMMISSION

By: *[Signature]*

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, ET AL Lease HINKLE A
Well No. 12-A Unit Letter C S 35 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 D S 35 T 18S R 31E
Authorized Transporter of Oil or Condensate TEXAS NEW MEXICO PIPE LINE CO.
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 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 26TH day of DECEMBER 1958

Approved _____ 19____

OIL CONSERVATION COMMISSION

By M L Armstrong
Title _____

By [Signature]
Title AGENT

Company KEOHANE SAUNDERS, ET AL
P.O. BOX 1392
Address ARTESIA, NEW MEXICO.