

**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mexico

**REQUEST FOR (OIL) - (GAS) ALLOWABLE**

**RECEIVED**  
APR 4 1963  
Form C-104  
Revised 7/1/57  
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**      **4/3/63**  
(Place) (Date)

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

**V. S. WELCH**      **SHUGART D**      Well No. **8-D**      in **NE**  $\frac{1}{4}$  **NE**  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)  
**A**      Sec. **30**      T. **18S**      R. **31E**      NMPM,      **SHUGART**      Pool

Unit Letter  
**EDDY**

Please indicate location:

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

County. Date Spudded **1/21/63**      Date Drilling Completed **3/26/63**  
Elevation **-**      Total Depth **3850**      PBD **3835**

Top Oil/Gas Pay **3418**      Name of Prod. Form. **QUEEN-EDDY**

PRODUCING INTERVAL - **3760-3778**

Perforations **3418-26; 3466-76**

Open Hole **-**      Depth **3835**      Depth Casing Shoe **-**      Depth Tubing **-**

OIL WELL TEST - **NO TEST**

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **125** bbls. oil, \_\_\_\_\_ bbls water in **24** hrs, \_\_\_\_\_ min. Size **SWAB** Choke

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 **APRIL 1, 1963**  
Press. \_\_\_\_\_ Press. \_\_\_\_\_ oil run to tanks

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

Gas Transporter

Tubing, Casing and Cementing Record

Size      Feet      Sx

<b>8-5/8</b>	<b>755</b>	<b>75</b>
<b>5 1/2</b>	<b>3835</b>	<b>175</b>

Remarks:

**TREATED 3/29/63 WITH 60,000# SAND & 1140 BBLs. OIL FROM 3760-78. LOAD OIL RECOVERED AND FIRST OIL (NEW) RUN 4/1/63. TREATED 4/1/63 WITH 1200 BBLs. OIL AND 70,000# SAND FROM 3418-26; 3466-76.**

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

Approved **APR 4 1963**, 19\_\_\_\_

OIL CONSERVATION COMMISSION

By: **M. L. Armstrong**

Title **OIL AND GAS INSPECTOR**

**V. S. WELCH**

(Company or Operator)

By:  (Signature)

Title **AGENT**

Send Communications regarding well to:

Name **V. S. WELCH**  
**DEALER W**

Address **ARTESIA, NEW MEXICO**

# OIL CONSERVATION COMMISSION ARTESIA DISTRICT OFFICE

No. Copies	5
DATE	
FILE NO.	2
FILE NO.	1
FILE NO.	1
DATE RECEIVED	
U.S. G. S.	
FROM DRIVER	
FILE	1
BUREAU OF MINES	

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

Form C-110  
Revised 7/1/55  
**RECEIVED**

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

APR 4 1963

O. G. C.  
ARTESIA, OFFICE

Company or Operator V. S. WELCH Lease SHUGART D  
Well No. 8-D Unit Letter A S 30 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 S T R  
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 NONE  
Address \_\_\_\_\_ Date Connected \_\_\_\_\_  
(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 3rd day of APRIL 19 63

By [Signature]

Approved APR 4 1963 19

Title AGENT

OIL CONSERVATION COMMISSION

Company V. S. WELCH

By M. L. Armstrong

Address DRAWER W

Title OIL AND GAS INSPECTOR

ARTESIA, NEW MEXICO

