

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 QUADRUPPLICATE 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 8/11/64

(Place)

(Date)

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

V.S. WELCH

KENWOOD

Well No. **4**, in **NE** $\frac{1}{4}$ **NW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

Sec **29**, T **18S**, R **31E**, NMPM., **SHUGART** Pool

Unit Letter

EDDY

County. Date Spudded **5/17/64** Date Drilling Completed **7/31/64**

Please indicate location:

Elevation **-** Total Depth **3875** PBD **-**

Top Oil/Gas Pay **3784** Name of Prod. Form. **GRAYBURG**

PRODUCING INTERVAL -

Perforations **3784-92; 3802-17**

Open Hole **-** Depth **3875** Depth **3840**
Casing Shoe **-** Tubing

OIL WELL TEST -

Natural Prod. Test: **I** bbls. oil, **-** bbls water in **24** hrs, **-** min. Size **BAIL**

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **150** bbls. oil, **-** bbls water in **24** hrs, **-** min. 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 sand): **(SEE BELOW)**

Casing **-** Tubing **-** Date first new **8/7/64**
Press. **-** Press. **-** oil run to tanks

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

Gas Transporter **PHILLIPS PETROLEUM Co.**

Remarks: **AUG 11 1964**

D. C. C.

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

Approved: **AUG 12 1964**, 19

OIL CONSERVATION COMMISSION

By: **McArmstrong**

Title: **OIL AND GAS INSPECTOR**

By: **V. S. WELCH**

(Company or Operator)

(Signature)

Title: **AGENT**

Send Communications regarding well to:

Name: **V.S. WELCH**
P.O. DRUMMER

Address: **ARTESIA, NEW MEXICO**

OIL CONSERVATION COMMISSION		
ARTESIA DISTRICT OFFICE		
No. Copies Received 7		
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FILE		
BUREAU OF MINES	1 -	

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 F. S. WELCH ✓ Lease KENWOOD
Well No. 4 Unit Letter C S 29 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 29 T 18 R 31
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 PHILLIPS PETROLEUM COMPANY
Address P.O. Box 6666, ODENSA, TEXAS Date Connected 8/7/64
(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:

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)

RECEIVED

AUG 11 1964

O. C. C.
ARTESIA, OFFICE

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 11th day of August 19 64

By [Signature]

Approved AUG 12 1964 19

Title AGENT

OIL CONSERVATION COMMISSION

Company F. S. WELCH

By [Signature]

P.O. DRAWER W

Title OIL AND GAS INSPECTOR

Address ARTESIA, NEW MEXICO

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RECORDS	gas 1
BUREAU OF MINES	1-