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SANTA FE		
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U.S.S.R.		
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TRANSPORTER	OIL	
	GAS	
PRODUCTION OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104)
 Santa Fe, New Mexico Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

SEP - 1 1961 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 Aug. 30, 1961
 (Place) (Date)

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

Bob Ferguson Lowe State, Well No. 1, in SW 1/4 SE 1/4,
 (Company or Operator) (Lease)

O, Sec. 21, T. 19 S., R. 28 E., NMPM., Angell Seven Rivers Unders. Pool
 Unit Letter

Eddy County. Date Spudded 8-11-61 Date Drilling Completed 8-25-61

Please indicate location:

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

Elevation Total Depth 1197 PBD 1187

Top Oil/Gas Pay 1049 Name of Prod. Form. Seven Rivers

PRODUCING INTERVAL -

Perforations 1099-1097; 1094-1092; 1084-1080; 1071-1067; 1052-1049.
 Depth Open Hole Casing Shoe 1189 Tubing 1040

OIL WELL 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 Choke
 load oil used): 49 bbls. oil, bbls water in 24 hrs, min. Size 1

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

330/S. 2310/E.
 (FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Size
7"	230	50
4 1/2"	1189	100
2 3/8"	1187	

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): Acidized with 8,000 gallons of acid.

Casing Tubing Date first new Press. 100 Press. 25 oil run to tanks 8-29-61

Oil Transporter The Permian Corporation

Gas Transporter NONE

Remarks:

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

Approved SEP 1 1961, 19 Bob Ferguson (Company or Operator)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong Title: Bookkeeper

Title: NEW MEX. GAS INSPECTOR Send Communications regarding well to: Name: Bob Ferguson

Box 1224 Artesia New Mexico

<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>NUMBER</td><td></td></tr> <tr><td>SANTA FE</td><td></td></tr> <tr><td>FILE</td><td></td></tr> <tr><td>U.S.G.S.</td><td></td></tr> <tr><td>LAND OFFICE</td><td></td></tr> <tr><td>TRANSPORTER</td><td>OIL</td></tr> <tr><td>PRORATION OFFICE</td><td>GAS</td></tr> <tr><td>OPERATOR</td><td></td></tr> </table>	NUMBER		SANTA FE		FILE		U.S.G.S.		LAND OFFICE		TRANSPORTER	OIL	PRORATION OFFICE	GAS	OPERATOR		<p>NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO</p> <p>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS</p> <p>FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE</p>	<p>FORM C-110 (Rev. 7-60)</p> <p>RECEIVED SEP - 1 1961</p>
NUMBER																		
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OPERATOR																		
Company or Operator Bob Ferguson		Lease Low State <input checked="" type="checkbox"/> Well No. 1																
Unit Letter 0	Section 21	Township 19 S																
Range 28 E		County Eddy																
Pool Angell-Seven Rivers Undesignated		Kind of Lease (State, Fed, Fee) State																
If well produces oil or condensate give location of tanks		Unit Letter 0																
		Section 21																
		Township 19 S																
		Range 28 E																
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> The Permian Corporation		Address (give address to which approved copy of this form is to be sent) Box 3119 Midland, Texas																
Is Gas Actually Connected? Yes _____ No <input checked="" type="checkbox"/>																		
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected																
		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: <p style="text-align: center;">Gas Flared and burned</p>																		
REASON(S) FOR FILING (please check proper box)																		
New Well <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter (check one) Other (explain below) Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas <input type="checkbox"/> Condensate .. <input type="checkbox"/>																		
Remarks																		
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with. Executed this the <u>30</u> day of <u>August</u> , 19 <u>61</u> .																		
OIL CONSERVATION COMMISSION		By <i>Nala Gorden</i>																
Approved by <i>M. L. Armstrong</i>		Title Bookkeeper																
Title OIL AND GAS INSPECTOR		Company Bob Ferguson																
Date SEP 1 1961		Address Box 1324, Artesia, New Mexico																