

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.

Odessa, Texas June 26, 1962  
(Place) (Date)

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

Jake Lawless Drilling Co., Inc. (Company or Operator) Drily FE Well No. 4, in NE  $\frac{1}{4}$  NW  $\frac{1}{4}$ ,  
(Lease)

F Eddy Sec. 9 T. 16S, R. 31E, NMPM., North Square Lake Pool

County. Date Spudded 6-1-62 Date Drilling Completed 6-16-62

Please indicate location:

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

Elevation 4112 KB Total Depth 3612 PBD 3595

Top Oil/Gas Pay 3542 Name of Prod. Form. Premier Sand

PRODUCING INTERVAL -

Perforations 3542 - 3547

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe 3595' Depth \_\_\_\_\_ Tubing 3612

OIL WELL TEST -

Natural Prod. Test: none bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Choke Size \_\_\_\_\_

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 31 bbls. oil, -0- bbls water in 24 hrs, -0- min. Choke Size 16/64

GAS WELL TEST -

Natural Prod. Test: none MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_

Test After Acid or Fracture Treatment: 18,600 MCF/Day; Hours flowed 24

Choke Size 16/64 Method of Testing: 2" Orifice Tester using 1/2" Plate.

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 40,000# Sand & 476 bbls. oil

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. 210 Press. 210 oil run to tanks 6-16-62

Oil Transporter Continental Oil Company

Gas Transporter Phillips Petroleum Company

Tubing, Casing and Cementing Record

Size	Feet	S&C
3"	3612	200
Above Sale		100

Remarks: \_\_\_\_\_

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

Approved: JUN 29 1962, 19\_\_\_\_\_

JAKE LAWLESS DRILLING, INC.  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: M.L. Armstrong

By: M.F. Lawless  
(Signature)

Title: OIL AND GAS INSPECTOR

Title: President  
Send Communications regarding well to:

Name: M. F. Lawless

Address: Box 4107, Odessa, Texas

**OIL CONSERVATION COMMISSION  
ARTESIA DISTRICT OFFICE**

No. Copies Received 7

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NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

## CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**FORM C-110**  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>LAKE LAWLESS DRILLING, INC.</b>			Lease <b>Gulf "E"</b>		Well No. <b>4</b>
Unit Letter <b>F</b>	Section <b>9</b>	Township <b>16 S</b>	Range <b>31 E</b>	County <b>Eddy</b>	
Pool <b>North Square Lake</b>			Kind of Lease (State, Fed, Fee) <b>Federal</b>		
If well produces oil or condensate give location of tanks <b>North Square Lake</b>			Unit Letter <b>6</b>	Section <b>9</b>	Range <b>16S 31E</b>
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Continental Pipe Line Company</b>			Address (give address to which approved copy of this form is to be sent) <b>Drawer 410, Artesia, New Mexico</b>		
Is Gas Actually Connected? Yes <input type="checkbox"/> 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:

REASON(S) FOR FILING (please check proper box)

- New Well   
 Change in Transporter (check one)  
 Oil  Dry Gas   
 Casing head gas  Condensate

- Change in Ownership   
 Other (explain below)

**RECEIVED**

**JUN 25 1962**

**O. D. B.  
ARTESIA OFFICE**

Remarks

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

Executed this the 21st day of June, 19 62

OIL CONSERVATION COMMISSION		By
Approved by	<i>M. L. Armstrong</i>	<i>J. W. Lawless</i>
Title		<b>President</b>
Date	<b>JUN 29 1962</b>	Address <b>LAKE LAWLESS DRILLING, INC. BOX 4107, ODESSA, TEXAS</b>