

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 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 Mar. 5, 1959
(Place) (Date)

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

Edward W. Kinney, Well No. 1, in NW 1/4 SW 1/4,
(Company or Operator) (Lease)
L 2, Sec 18, T 19 S, R 29 E, NMPM, ~~Udcat~~ Pool

Eddy

County Date Spudded 9/10/58 Date Drilling Completed 2/23/59

Please indicate location:

Elevation 3386 Total Depth 3010 PBD 2414

Top Oil/Gas Pay 1850 Name of Prod. Form. Queen

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

PRODUCING INTERVAL -

Perforations 1850-70

Open Hole Depth Casing Shoe Depth Tubing

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 load oil used): 4 bbls. oil, 40 bbls water in hrs, min. Size Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Surf	Feet	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): 10,000 gals. water plus 10,000 # sand

Casing Tubing Date first new Press. Press. oil run to tanks

Oil Transporter Castus Petroleum, Inc.

Gas Transporter

Remarks: This well is P & A. I need an allowable for 100 bbls. to dispose of oil accumulated during testing.

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

Approved: _____, 19____

Edward W. Kinney

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *Edward W. Kinney*
(Signature)

By: *M. L. Armstrong*

Title: Operator
Send Communications regarding well to:

Title: _____

Name: Edward W. Kinney

Box 215, Artesia, N. M.

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form O-110
Revised 1/1/55

(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 Edward E. Kinney Lease State NM

Well No. 1 Unit Letter L S 18 T 19 R 29 Pool Wildcat

County Eddy Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit S T R

Authorized Transporter of Oil or Condensate Cactus Petroleum, Inc.

Address Artesia, New Mexico
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of 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:

Reasons for Filing: (Please check proper box) New Well (X)

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: (Give explanation below)

To run oil accumulated during test period of well L & A.

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

Executed this the 5 day of March 19 59

By Edward E. Kinney

Approved _____ 19 _____

Title Operator

OIL CONSERVATION COMMISSION

Company Edward E. Kinney

By M. L. Armstrong

Address Pox 715, Artesia, N. M.

Title _____