

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 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.

Roswell, New Mexico.....4/10/59  
(Place) (Date)

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

M. G. Peters, Drilling Company.....2....., in SE  $\frac{1}{4}$  NE  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

H....., Sec. 26, T. 10S, R. 26E....., NMPM., Brown..... Pool  
Unit Letter

Chaves

County. Date Spudded 2/23/59 Date Drilling Completed 3/4/59

Please indicate location:

Elevation 3735 Total Depth 833.90 PBD

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

PRODUCING INTERVAL -

Perforations 762-770 784-796

Open Hole Depth Casing Shoe 833.90 Depth Tubing 750

OIL WELL TEST -

Natural Prod. Test: 10 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): 500 bbls. oil, -- bbls water in 24 hrs, -- min. Size -- 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): 500 bbls oil 2 1/2 frac sand to gal

Casing Tubing Date first new Press. 1000 Press. -- oil run to tanks 3/8/59

Oil Transporter Sam Watson

Gas Transporter --

Remarks: --

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

Approved: M. G. Peters, 19 59

M. G. Peters  
(Company or Operator)

By: M. G. Peters  
(Signature)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title: Operator - Owner  
Send Communications regarding well to:

Title: --

Name: M. G. Peters

Address: Roswell, N.M.

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 M. G. Peters Drilling Co. Lease Gulf State

Well No. 2 Unit Letter H S 26 T 10S R 26E Pool Brown

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

If well produces oil or condensate, give location of tanks: Unit H S 26 T 10S R 26E

Authorized Transporter of Oil or Condensate San Watson

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

Authorized Transporter of Gas None

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 (X) Other ( )

Remarks: \_\_\_\_\_  
(Give explanation below)

**Formerly Owned by J. W. Brown**  
**We are selling the oil to Malco Refining, Inc. Artesia, New Mexico**

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

Executed this the \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

By M. G. Peters  
M. G. Peters  
Title Operator & Owner

Approved \_\_\_\_\_ 19 \_\_\_\_\_

OIL CONSERVATION COMMISSION

Company M. G. Peters

By M. L. Armstrong  
Title \_\_\_\_\_

Address Nickson Hotel Roswell, N.M.  
c/o J. W. Brown

## NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103  
(Rev 3-55)

## MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company <b>M. G. Peters Drilling Co.</b>		Address <b>P. O. Box 902 Roswell, New Mexico</b>				
Lease <b>Chaves-State "P"</b>	Well No. <b>2</b>	Unit Letter <b>HV</b>	Section <b>26</b>	Township <b>10S</b>	Range <b>26E</b>	
Date Work Performed <b>Feb. 21, 1959</b>	Pool <b>Brown</b>	County <b>Chaves</b>				

THIS IS A REPORT OF: (Check appropriate block)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Beginning Drilling Operations | <input checked="" type="checkbox"/> Casing Test and Cement Job | <input type="checkbox"/> Other (Explain): |
| <input type="checkbox"/> Plugging                      | <input type="checkbox"/> Remedial Work                         |   |

Detailed account of work done, nature and quantity of materials used, and results obtained.

**NEW WELL - Cemented 833 with 100 sks - circulated back to top  
Later sandfraced with 40000lbs.**

**New Pipe 4½" - 9½ lb. wgt.**

**10 bbl. well**

Witnessed by	Position <b>Owner-operator</b>	Company <b>M.G. Peters Drilling Co.</b>
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FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

## ORIGINAL WELL DATA

D F Elev.	T D	P B T D	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval		Producing Formation(s)		

## RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

## OIL CONSERVATION COMMISSION

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

Approved by <i>M. L. Armstrong</i>	Name <i>M. G. Peters</i>
Title	Position <b>Owner Operator</b>
Date	Company <b>M. G. PETERS DRILLING COMPANY</b>