

NEW MEXICO OIL CONSERVATION COMMISSION  
GAS-OIL RATIO TESTS

File for well file 6-1-67  
C-116  
Revised 1-1-65

Operator <b>N. Dale Nichols</b>		Pool <b>Acme San Anders</b>				County <b>Chaves</b>										
Address <b>1796 Breckon, Hobbs, N. Mex. 88240</b>						TYPE OF TEST - (X)		Scheduled <input type="checkbox"/>		Completion <input type="checkbox"/>		Special <input checked="" type="checkbox"/>				
LEASE NAME	WELL NO.	LOCATION				DATE OF TEST	STATUS	CHOKE SIZE	TBG. PRESS.	DAILY ALLOWABLE	LENGTH OF TEST HOURS	PROD. DURING TEST				GAS - OIL RATIO CU.FT./BBL.
		U	S	T	R							WATER BBLs.	GRAV. OIL	OIL BBLs.	GAS M.C.F.	
McIntyre-State	1	E	4	3S	27E	10-16-67		-	-	-	24	4	25	3.45	TSTM	TSTM
<p><b>Note:</b> This is a request for an allowable assignment. Well has been shut in since 1964, with tubing stuck. Worked tubing out. Replaced 600' tubing ruined with gyp scale. Replaced 900' 5/8 rods. Ran tbg. cleaned out well by circulating fresh water. Ran pump &amp; rods &amp; placed on production. Previous oil transporter was McWood Corporation. New oil transporter Permian Corporation. Ending storage when shut in 100 BO. Recovered &amp; saved 45 BO during clean out operations. Request allowable of 90 BO for month of October &amp; then 3 BOPD</p>																

No well will be assigned an allowable greater than the amount of oil produced on the official test.

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Commission.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

Mail original and one copy of this report to the district office of the New Mexico Oil Conservation Commission in accordance with Rule 301 and appropriate pool rules.

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

*N. Dale Nichols*  
(Signature)

**Operator**

(Title)

**10-20-67**

(Date)