

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

RECEIVED

(Form C-104)
Revised 7/1/57

MAR 18 1960

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.

.....17 March 1960.....
(Place) (Date)

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

DeKalb Agricultural Assn., Inc., Well No. **1-17**, in **SE** $\frac{1}{4}$, **SE** $\frac{1}{4}$,
(Company or Operator) (Lease)

P, Sec. **17**, T. **11 S**, R. **27 E**, NMPM, **Coyote Queen** Pool
Unit Letter

Chaves

County. Date Spudded **28 February 1960** Date Drilling Completed **5 March 1960**

Please indicate location:

Elevation **3704.1** Total Depth **830** PBD **870**

Top Oil/Gas Pay **770** Name of Prod. Form. **Queens Sand**

PRODUCING INTERVAL -

Perforations **786-798 808-814 816-822 834-838**

Open Hole _____ Depth _____ Casing Shoe _____ Tubing **866**

OIL WELL TEST -

Natural Prod. Test: **None** 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): **35** bbls. oil, **14** bbls water in **24** hrs, **0** min. Size **Pump** Choke

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: _____ 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): **800 Bbls Water and 80,000 pounds sand**

Casing _____ Tubing _____ Date first new _____

Press. _____ Press. _____ oil run to tanks **13 March 1960**

Oil Transporter **McWood Corporation, Midland, Texas**

Gas Transporter _____

Remarks: _____

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

Approved **MAR 18 1960**, 19..... **DeKalb Agricultural Assn., Inc.**
(Company or Operator)

OIL CONSERVATION COMMISSION

By: **M. L. Armstrong** Title: **Dist. Supt.**
(Signature)

Title **OIL AND GAS INSPECTOR** Send Communications regarding well to:

Name: **DeKalb Agricultural Assn., Inc.**

Address: **118 Poplar, Levalland, Texas**

CONSERVATION COMMISSION		
ARTERY DISTRICT OFFICE		
NO. 10-10-101		
DIVISION 1		
	APPROVED	
APPROVED	2	
APPROVED	1	
APPROVED	1	
APPROVED		
U.S. DIST. CT.		
TRANSPORTER		
FILE	1	✓
BUREAU OF MINES		

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55
RECEIVED

(File the original and 4 copies with the appropriate district office)

MAR 18 1960

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

Company or Operator DeKalb Agricultural Assn., Inc. Lease DeKalb Federal

Well No. 1-17 Unit Letter P ¹⁷/_S ~~XXX~~ T 11 S R 27 E Pool Coyote Queen

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

If well produces oil or condensate, give location of tanks: Unit P S 17 T 11 S R 27 E

Authorized Transporter of Oil or Condensate McLeod Corporation

Address 306 V & J Tower Building, Midland, Texas Telephone No. 23749
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas _____

Address _____ Date Connected _____
(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:

Well is not making enough gas to run gas engine

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

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

Change in Ownership () Other ()

Remarks: (Give explanation below)

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

Executed this the 17 day of March 19 60

By W. V. Haggard *W. V. Haggard*

Title Dist. Supt.

Approved MAR 18 1960 19 _____

OIL CONSERVATION COMMISSION

Company DeKalb Agric., Assn., Inc.

Address 118 Poplar,
Levelland, Texas

By M. L. Armstrong

Title OIL AND GAS INSPECTOR

OBSERVATION COMMISSION		
DISTRICT OFFICE		
Received 5		
DISTRIBUTION		
	CO. FURNISHED	
U.S. ARMY	2	
U.S. NAVY	1	
U.S. MARINE CORPS		
STATE DEPT. OFFICE		
U.S. O. S.		
TRANSPORTER	1	
FILE	1	✓
BUREAU OF MINES		