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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRORATION OFFICE	
OPERATOR	

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 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.

Midland, Texas

July 16, 1964

(Place)

(Date)

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

Ray Smith

England Federal

Well No. 2

in SE

1/4 NE

1/4

(Company or Operator)

(Lease)

H

Sec. 30

T. 6S

R. 26E

NMPM.,

Linda San Andres

Pool

Unit Letter

Chaves

County. Midland Date Spudded 4/27/64

Date Drilling Completed 5/20/64

Elevation 3288

Total Depth 1055

PBTD 1052

Please indicate location:

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

1990 N & 660 E

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>10 3/4</u>	<u>183</u>	<u>35</u>
<u>7</u>	<u>844</u>	<u>50</u>
<u>2</u>	<u>1011</u>	

Top Oil/Gas Pay 846

Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations

Open Hole 844-1052

Depth

Casing Shoe 844

Depth

Tubing 1011

OIL WELL TEST -

Natural Prod. Test: _____ 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): 5 bbls. oil, 3 bbls water in 24 hrs, 0 min. Choke Size 2 1/2

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): Acid 5000 gal & frac with 15000 gal oil 10.000% sand

Casing Press. 0 Tubing Press. 30 Date first new oil run to tanks 6/17/64

Oil Transporter The Permian Corporation **RECEIVED**

Gas Transporter _____

Remarks: _____ JUL 20 1964

O. C. C.

ARTESIA, OFFICE

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

Approved JUL 20 1964, 19____

Ray Smith

(Company or Operator)

By [Signature] (Signature)

Title Agent

Send Communications regarding well to:

Name Ray Smith

Address Box 953, Midland, Texas

OIL CONSERVATION COMMISSION

By [Signature]

Title OIL AND GAS INSPECTOR