

Santa Fe, New Mexico

Mail to District Office, Oil Conservation Commission, to which Form C-101 was sent not later than twenty days after completion of well. Follow instructions in Rules and Regulations of the Commission. Submit in QUINTUPLICATE. If State Land submit 6 Copies

Kincaid & Watson

Larreen Strate

.....
(Company or Operator)

(Lease)

Well No. 1 in SE $\frac{1}{4}$ of NE $\frac{1}{4}$ of Sec. 16, T. 17S, R. 28E, NMPM.

Red Lake

Pool Eddy

...County.

Well is 330 feet from East line and 2310 feet from North line

of Section 16-17-28 If State Land the Oil and Gas Lease No. is 2029

Drilling Commenced 1-27-59, 19..... Drilling was Completed 2-22-59, 19.....

Name of Drilling Contractor..... Kincaid & Watson Drilling Company.....

Address Box 526, Artesia, New Mexico

Elevation above sea level at Top of Tubing Head.....3517..... The information given is to be kept confidential until
..... 19.....

No. 1, from	<u>675</u>	to	<u>685 SH O&G</u>	No. 4, from	<u>1413</u>	to	<u>1420 Gas</u>
No. 2, from	<u>732</u>	to	<u>740 Show Oil</u>	No. 5, from	<u>1455</u>	to	<u>1460 Gas</u>
No. 3, from	<u>1209</u>	to	<u>1212 Show Oil</u>	No. 6, from	<u>1895</u>	to	<u>1903</u>

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from 35 feet to feet. _____
 No. 2, from 460 to 465 feet. _____
 No. 3, from 2004 to 2014 feet. _____
 No. 4, from _____ to _____ feet. _____

SIZE	WEIGHT PER FOOT	NEW OR USED	AMOUNT	KIND OF SHOE	CUT AND PULLED FROM	PERFORATIONS	PURPOSE
10 3/4	35	Used	66		All		Caving
8 5/8	24	Used	400	Reg			Surface
5 1/2	14	New	1945	Float		1899-1907	Prod. String

SIZE OF HOLE	SIZE OF CASING	WHERE SET	NO. SACKS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED
12	10 3/4	66	None			
10	8 5/8	100	50			
8	5 1/2	1945	100			

(Record the Process used, No. of Qts. or Gals. used, interval treated or shot.)

The well was treated with 25,000 gals. water and 26,000 lbs. sand through perforations 1890-1907. Natural test showed flow of 2,300 MCF Gas flowing open.

Result of Production Stimulation. After treatment tests showed 1,028 MCF on 3/8" choke.

...Depth Cleaned Out.....1945.

D OF DRILL-STEM AND SPECIAL TE

If drill-stem or other special tests or deviation surveys were made, submit report on separate sheet and attach hereto

TOOLS USED

Rotary tools were used from.....feet to.....feet, and from.....feet to.....feet.
Cable tools were used from.....feet to.....feet, and from.....feet to.....feet.

PRODUCTION

Put to Producing....., 19.....

OIL WELL: The production during the first 24 hours was.....barrels of liquid of which.....% was
was oil;% was emulsion;% water; and.....% was sediment. A.P.I.
Gravity.....

GAS WELL: The production during the first 24 hours was.....M.C.F. plus.....barrels of
liquid Hydrocarbon. Shut in Pressure.....lbs.
Length of Time Shut in.....

PLEASE INDICATE BELOW FORMATION TOPS (IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE):

Southeastern New Mexico

Northwestern New Mexico

T. Anhy.....	T. Devonian.....	T. Ojo Alamo.....
T. Salt.....	T. Silurian.....	T. Kirtland-Fruitland.....
B. Salt.....	T. Montoya.....	T. Farmington.....
T. Yates.....	T. Simpson.....	T. Pictured Cliffs.....
T. 7 Rivers.....	T. McKee.....	T. Menefee.....
T. Queen.....	T. Ellenburger.....	T. Point Lookout.....
T. Grayburg.....	T. Gr. Wash.....	T. Mancos.....
T. San Andres.....	T. Granite.....	T. Dakota.....
T. Glorieta.....	T.	T. Morrison.....
T. Drinkard.....	T.	T. Penn.....
T. Tubbs.....	T.	T.
T. Abo.....	T.	T.
T. Penn.....	T.	T.
T. Miss.....	T.	T.

FORMATION RECORD

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	260	260	Red Rock				
260	665	405	Anhydrite				
665	907	242	Lime				
907	995	88	Anhydrite				
995	1070	75	Salt				
1070	1100	110	Anhydrite				
1100	1212	32	Red Sand				
1212	1413	101	Anhydrite & lime				
1413	1420	7	Sand				
1420	1474	54	Anhydrite & Shale				
1474	1494	20	Sand				
1494	1624	130	Anhydrite				
1624	1895	271	Lime				
1895	1917	22	Sand				
1917	2022	105	Lime				
2022	T.D.						

ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

I hereby swear or affirm that the information given herewith is a complete and correct record of the well and all work done on it so far
as can be determined from available records.

Company or Operator.....Kinsell & Watson.....Address.....Box 536, Artesia, New Mexico.....
Name.....G. Rex Holmes.....Position or Title.....Agent.....

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.

Artesia, New Mexico March 9, 1959
(Place) (Date)

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

Kincaid & Watson Larsen State, Well No. 1, in SE 1/4 NE 1/4,
(Company or Operator) (Lease)

H Sec. 16, T. 17S, R. 28E, NMPM, Red Lake Pool
Unit Letter

Eddy

Please indicate location:

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

County. Date Spudded. 1-27-59 Date Drilling Completed 2-22-59

Elevation 3517 Total Depth 2022 PBTD

Top Oil/Gas Pay 1899 Name of Prod. Form. Queen Grayburg

PRODUCING INTERVAL -

Perforations 1899-1907

Open Hole None Depth Casing Shoe 1945 Depth Tubing 1832

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): bbls. oil, bbls water in hrs, min. Choke Size

GAS WELL TEST -

Natural Prod. Test: 2,300 MCF/Day; Hours flowed 2 hrs. Choke Size Open

Method of Testing (pitot, back pressure, etc.): Back Pressure

Test After Acid or Fracture Treatment: 1,028 MCF/Day; Hours flowed 5 hrs.

Choke Size 3/8" Method of Testing: Back Pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 25,000 gals. water and 26,000 lbs. sand

Casing Tubing Date first new Press. 387 Press. 331 oil run to tanks None

Oil Transporter None

Gas Transporter Southern Union Gas Company

Remarks: Southern Union Gas Company will purchase gas from this well as soon as well is completed.

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

Approved March 9, 1959

Kincaid & Watson
(Company or Operator)

By: [Signature]
(Signature)

OIL CONSERVATION COMMISSION

By: [Signature]
Title

Title Agent
Send Communications regarding well to:
Name Kincaid & Watson
Address Box 536, Artesia, New Mexico

ENCLOSURE
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(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 Kincaid & Watson Lease Larsen State

Well No. 1 Unit Letter H ☒ S 16 T 17S R 28E Pool Red Lake

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 None

Address _____

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas Southern Union Gas Company

Address 905 Burt Building, Dallas, Texas

(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 New Well ☒

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

Change in Ownership () Other ()

Remarks: _____ (Give explanation below)

Southern Union Gas Company will purchase Gas from the well as soon as facilities are installed to do so.

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

Executed this the 9 day of March 19 59

By E. R. Holmes

Approved M. L. Armstrong 19 59

Title Agent

OIL CONSERVATION COMMISSION

Company Kincaid & Watson

By M. L. Armstrong

Address Box 536

Title Agent

Artesia, New Mexico

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/19/01 BY 60322

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1-1-1

NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

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

COMPANY Kincaid & Watson, Box 536, Artesia, New Mexico
(Address)

LEASE Larsen State WELL NO. 1 UNIT H S 16 T 17S R 28E

DATE WORK PERFORMED _____ POOL Red Lake

This is a Report of: (Check appropriate block) ☒ Results of Test of Casing Shut-off
☐ Beginning Drilling Operations ☐ Remedial Work
☐ Plugging ☒ Other Sandfrac treatment

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

We drilled this well to a T.D. of 2,022 feet
We ran 66 feet of 10 3/4" casing to shut off water
We ran 400 feet of surface pipe and cemented with 50 sacks, pulling
the 10 3/4".
We ran a production string of 5 1/2" casing to 1945 feet and cemented
with 100 sacks.
The well was treated with 25,000 gal. water and 26,000 lbs. sand
through perforations 1899-1907.
Natural production was 2,300 SCF Gas on open flow after treatment
tests showed 1,028 SCF on 3/8" choke.

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

Original Well Data:

DF Elev. _____ TD _____ PBD _____ Prod. Int. _____ Compl Date _____
Tbng. Dia _____ Tbng Depth _____ Oil String Dia _____ Oil String Depth _____
Perf Interval (s) _____
Open Hole Interval _____ Producing Formation (s) _____

RESULTS OF WORKOVER:

BEFORE AFTER

Date of Test	_____	_____
Oil Production, bbls. per day	_____	_____
Gas Production, Mcf per day	_____	_____
Water Production, bbls. per day	_____	_____
Gas-Oil Ratio, cu. ft. per bbl.	_____	_____
Gas Well Potential, Mcf per day	_____	_____
Witnessed by _____	_____	_____

(Company)

OIL CONSERVATION COMMISSION

Name M
Title Asst. District Engineer
Date Nov 1955

I hereby certify that the information given
above is true and complete to the best of
my knowledge.
Name E. Rex Holman
Position Agent
Company Kincaid & Watson