

REQUEST FOR (OIL) - (GAS) ALLOWABLE **OCT 29 1959** 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 QUADRUPPLICATE 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 **10/21/59**
(Place) (Date)

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

CHAMBERS & KENNEDY MONTGOMERY STATE, Well No. **2**, in **NM 1/4** **NM 1/4**,
(Company or Operator) (Lease)

D, Sec **32**, T **18 S**, R **31 E**, NMPM, **Shugart, North Queen-Grayburg** Pool
Unit Letter

Eddy County. Date Spudded **8-12-59** Date Drilling Completed **9/22/59**

Please indicate location:

Elevation **3564** Total Depth **3500** PBTD **3498**

Top Oil/Gas Pay **3448** Name of Prod. Form. **Queen sd.**

PRODUCING INTERVAL -

Perforations **3448 to 3462**

Open Hole **None** Depth **3500** Depth Casing Shoe **3500** Depth Tubing **3443**

OIL WELL TEST -

Natural Prod. Test: **1** bbls.oil, **0** bbls water in **1** hrs, **0** min. Size **3 1/2" Baler** Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **62** bbls.oil, **0** bbls water in **24** hrs, **0** min. Size **Pump** 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): **20,000 gal of oil, 20,000 gal.**

Casing Tubing Date first new Press. **Pump** oil run to tanks **10/25/59**

Oil Transporter **CACTUS PET. INC.**

Gas Transporter **FLANK**

Remarks: **Well is being pumped with an American pumping unit 34" stroke, 10 strokes per minute.**

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

Approved **OCT 29 1959**, 19.....

CHAMBERS & KENNEDY
(Company or Operator)

By: *M. J. Armstrong*
(Signature)

Title **Engineer**

Send Communications regarding well to:

Name **CHAMBERS & KENNEDY**

Address **607 MIDLAND NAT'L BANK BLDG. MIDLAND, TEXAS**

OIL CONSERVATION COMMISSION

By: *M. L. Armstrong*

Title **DISTRICT INSPECTOR**

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

660 N + W

Tubing, Casing and Cementing Record

| Size | Feet | Sex |
|--------------|-------------|------------|
| 8 5/8 | 805 | 50 |
| 5 1/2 | 3500 | 240 |
| | | |
| | | |

OIL CONSERVATION RECORD

| | | | |
|------------------|--|---|---|
| No. of Cylinders | | 4 | |
| Oil | | / | |
| Grease | | / | |
| Water | | / | |
| Other | | | |
| Oil | | / | |
| Grease | | | |
| Water | | / | |
| Other | | | |
| Oil | | / | ✓ |
| Grease | | | |
| Water | | / | |
| Other | | | |

(File the original and 4 copies with the appropriate district office) **HOBBS OFFICE 000**

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS **OCT 29 11 2 51**

Company or Operator **CHAMBERS & KENNEDY** Lease **MONTEREY STATE**

Well No. **2** Unit Letter **D** **S** **32** T **18S** R **3/E** Pool **N. SHUGART, QUEEN-GRAYBURG**

County **EDDY** Kind of Lease (State, Fed. or Patented) _____

If well produces oil or condensate, give location of tanks: Unit **D S 32 T 18S R 31E**

Authorized Transporter of Oil or Condensate **CACTUS PETROLEUM INC.**

Address **P. O. BOX 634 MIDLAND, TEXAS**

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

Authorized Transporter of Gas _____

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:

No pipe line connection is available for the sale of gas.

Gas being flared

Reasons for Filing: (Please check proper box) 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 _____ day of _____ 19 _____

By *W. J. McAndrew*

Approved **OCT 29 1959** 19 _____

Title **ENGINEER**

OIL CONSERVATION COMMISSION

Company **CHAMBERS & KENNEDY**

By *M. L. Armstrong*

Address **607 MIDLAND NAT'L BANK BUILDING**

Title **OIL AND GAS INSPECTOR**

MIDLAND, TEXAS

| COST | |
|-------------|--------|
| DESCRIPTION | AMOUNT |
| ... | 5 |
| ... | 2 |
| ... | 1 |
| ... | ✓ |
| TOTAL | |