

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 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.

ARTESIA, NEW MEXICO FEB. 13, 1959
(Place) (Date)

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

KEOHANE SAUNDERS, ET AL HINKLE, Well No. 4-B, in NW 1/4 SE 1/4,
(Company or Operator) (Lease)

J, Sec. 35, T. 18S, R. 31E, NMPM., SHUGART Pool
Unit Letter

EDDY County. Date Spudded 11/25/58 Date Drilling Completed 1/18/59

Please indicate location:

Elevation - Total Depth 3945 PBD -

Top Oil/Gas Pay 2772 Name of Prod. Form. GRAYBURG

PRODUCING INTERVAL - 2772 TO 2790; 3698 TO 3720;
3834 TO 3842

Perforations
Open Hole - Depth Casing Shoe 3940 Depth Tubing -

OIL WELL TEST -

Natural Prod. Test: 2 bbls. oil, - bbls water in 24 hrs, - min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 100 bbls. oil, - bbls water in 24 hrs, - min. Size SWAB

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):

SEE BELOW

Casing Tubing Date first new
Press. Press. oil run to tanks 1/29/59

Oil Transporter TEXAS NEW MEXICO PIPE LINE CO.

Gas Transporter -

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	940	50
7	3940	150

Remarks: 1/24/59 TREATED WITH 1053 BBLs. OIL & 55,000# SAND FROM 3834 TO 3842. ON 1/30/59 TREATED WITH 920 BBLs. OIL & 73,000# SAND FROM 3698 TO 3720. ON 2/9/59 TREATED WITH 986 BBLs. OIL & 50,000# SAND FROM 2772 TO 2790.

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

Approved....., 19.....

KEOHANE SAUNDERS, ET AL
(Company or Operator)

By: [Signature]
(Signature)

OIL CONSERVATION COMMISSION

By: [Signature]

Title: AGENT

Send Communications regarding well to:

Title

Name: KEOHANE SAUNDERS, ET AL

P. O. BOX 1392

Address: ARTESIA, NEW MEXICO.

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(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 KEOHANE SAUNDERS, ET AL Lease HINKLE B

Well No. 4-B Unit Letter J S 35 T 18S R 31E Pool SHUGART

County EBBY Kind of Lease (State, Fed. or Patented) FEDERAL

If well produces oil or condensate, give location of tanks: Unit J S 35 T 18S R 31E

Authorized Transporter of Oil or Condensate TEXAS NEW MEXICO PIPE LINE CO.

Address P. O. BOX 1510,
MIDLAND, TEXAS.

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

Authorized Transporter of Gas NO MARKET FOR 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:

VENTED

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 12 day of FEBRUARY 19 59

By [Signature]

Approved _____ 19 _____

Title AGENT

OIL CONSERVATION COMMISSION

Company KEOHANE SAUNDERS, ET AL

By [Signature]

Address P. O. BOX 1392

Title _____

Address ARTESIA, NEW MEXICO.