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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

MISSION (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-104 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

February 26, 1963

(Place)

(Date)

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

Arnold H. Bruner

Federal-Shearn

Well No. **1**

in **NW** $\frac{1}{4}$

NE $\frac{1}{4}$

(Company or Operator)

(Lease)

B

Sec. **24**

T. **8-S**

R. **36-E**

NMPM,

Allison Penn.

Port

Unit Letter

Roosevelt

County. Date Spudded **1-5-63**

Date Drilling Completed **2-5-63**

Please indicate location:

Elevation **4083**

Total Depth **9775**

FBTD **9729**

Top Oil/Gas Pay **9685**

Name of Prod. Form. **Pennsylvanian**

PRODUCING INTERVAL -

Perforations **9685-9691; 9698-9708, 4 shots per foot**

Open Hole

Depth

Casing Shoe **9775**

Depth

Tubing **9681**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **121** bbls. oil, **25** bbls water in **24** hrs, _____ min. Size **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): **6,000 gal. Dolofrac acid**

Casing Press. **40#** Tubing Press. **120#** Date first new oil run to tanks **2-20-63**

Oil Transporter **McWood Corporation**

Gas Transporter **None**

Remarks:

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

Approved _____, 19____

Arnold H. Bruner

(Company or Operator)

By: _____

(Signature)

OIL CONSERVATION COMMISSION

By: _____

Title _____

Title **Agent**

Send Communications regarding well to:

Name **C/o J. N. Sikes, Jr.**

Allen Building