

DUPLICATE

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

(Form C-104)
(Revised 7/1/52)

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-100 was submitted. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed prior to the calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Fort Worth, Texas

(Place)

June 29, 1953

(Date)

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

Neville G. Penrose, Inc.

(Company or Operator)

Well No. **1**, in **NW** $\frac{1}{4}$ **NW** $\frac{1}{4}$,

(Lease)

D, Sec. **15**, T. **14S**, R. **31E**, NMPM., **Undesignated** Pool

(Unit)

Chaves

County. Date Spudded **4/25/53**, Date Completed **6/23/53**

Please indicate location:

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Elevation **4245** Total Depth **4139**, P.B. **2900**

Top oil/gas pay **2871** Prod. Form **Red Sand**

Casing Perforations: _____ or

Depth to Casing shoe of Prod. String **2868**

Natural Prod. Test **3 1/2** BOPD

based on **6 gal** bbls. Oil in **1** Hrs. **1776**

Test after acid or shot **34** BOPD

Based on **34** bbls. Oil in **24** Hrs. _____ Mins.

Gas Well Potential _____

Size choke in inches **2" WO**

Date first oil run to tanks or gas to Transmission system: **June 27**

Transporter taking Oil or Gas: _____

Remarks: **8 5/8" csg mudded at 1265' but pulled when well completed.**

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

Approved **June 29**, 19 **53**

OIL CONSERVATION COMMISSION

By **Ray Yankovich**

Title **Oil & Gas Inspector**

Neville G. Penrose, Inc.

By **John P. McLaughlin**
(Signature)

Title **Engineer**

Send Communications regarding well to:

Name _____

Address _____