

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New MexicoREQUEST FOR (OIL) - (~~GAS~~) ALLOWABLENew Well
Recompletion
DISTRICT OFFICE OCC

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Fort Worth, Texas

March 15, 1955

(Place)

(Date)

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

Neville G. Penrose, Inc.

Spurck

Well No. 1

NE 1/4

NE 1/4

(Company or Operator)

(Lease)

A 16, Sec. 16, T. 14-S, R. 31-E, NMPM., Drickey-Queen Pool

(Unit)

Chaves

County. Date Spudded February 7, Date Completed March 3

Please indicate location:

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Elevation 4230 gr. Total Depth 2,881, P.B. --

Top oil/gas pay 2865' Prod. Form Same

Casing Perforations: -- or

Depth to Casing shoe of Prod. String 2860

Natural Prod. Test -- BOPD

based on -- bbls. Oil in -- Hrs. -- Mins.

Test after acid or shot sandfrac-165 BOPD

Based on 165 bbls. Oil in 24 Hrs. -- Mins.

Gas Well Potential --

Size choke in inches --

Date first oil run to tanks or gas to Transmission system: March 12

Transporter taking Oil or Gas: Texas-New Mexico P. L.

Casing and Cementing Record

Size Feet Sax

12-3/4	120	125
7	2860	125
8-5/8	1183	(pulled)

Remarks:

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

Approved: _____, 19____

Neville G. Penrose, Inc.

(Company or Operator)

By: _____

(Signature)

Title

John P. McNaughton, Engineer

Send Communications regarding well to:

Name

Neville G. Penrose, Inc.

Address

1813 Fair Bldg., Ft. Worth, Tex.

OIL CONSERVATION COMMISSION

By: _____

Title _____