

REQUEST FOR (OIL) - (GAS) ALLOWABLE

HOBBBS
New Well
Recompletion
OFFICE
COC
1957 NOV 7 PM 5:51

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.

Eunice, New Mexico

11-5-57

(Place)

(Date)

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

Neville G. Penrose, Inc.

Saner

Well No. 1, in SW 1/4 SE 1/4,

(Company or Operator)

(Lease)

Q, Sec. 21, T. 14S, R. 31E, NMPM., Caprock Queen Pool

Unit Letter

Chaves

County. Date Spudded 10-4-57

Date Drilling Completed 10-16-57

Please indicate location:

Elevation 4276 Total Depth 2981 FTD

Top Oil/Gas Pay 2956 Name of Prod. Form. Queen Sand

PRODUCING INTERVAL -

Perforations 2957 FI

Open Hole - Depth 2980 Depth Casing Shoe 2969

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 70.1 bbls, oil, 0 bbls water in 24 hrs, min. Size 2" WO

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size Feet Sax

10 3/4"	162	Circulated
7"	2980	100

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): 250 gal. mud acid, 4000 gal. ref. oil, 4000# sand

Casing Press. 3200 Tubing Press. 4200 Date first new oil run to tanks 10-29-57

Oil Transporter Texas New Mexico Pipe Line Co.

Gas Transporter none

Remarks: 292-1 (7-5-57)

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)

OIL CONSERVATION COMMISSION

By: Glenn G. Neill

(Signature)

By:

Title: Agent

Send Communications regarding well to:

Title

Name: Neville G. Penrose, Inc.

Address: Box 988, Eunice, 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 Neville G. Penrose, Inc. Lease Saner

Well No. 1 Unit Letter O S 21 T 14S R 31E Pool Caprock Queen

County Chaves Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit O S 21 T 14S R 37E

Authorized Transporter of Oil or Condensate Texas New Mexico Pipe Line Co.

Address Loso Hills, New Mexico
(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:

Vented to air-quantity does not justify hook up.

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 5 day of November 19 57

By Glenn G. Neill

Approved _____ 19 _____

Title Agent

OIL CONSERVATION COMMISSION

Company Neville G. Penrose, Inc.

By [Signature]

Address Box 988

Title _____

Eunice, New Mexico