

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 QUADRUPLICATE to the same District Office which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided the 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

July 30, 1958

(Place)

(Date)

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

Neville G. Penrose, Inc.

Ballard

, Well No.

3

, in. SW

1/4 NW

1/4

(Company or Operator)

(Lease)

Unit Letter

E, Sec. 28

T. 14S

R. 31E

, NMPM.,

Caprock-Queen

Pool

Chaves

County. Date Spudded 7-5-58

Date Drilling Completed 7-16-58

Please indicate location:

Elevation 4290.1 GL

Total Depth 2991

FBTD

Top Oil/Gas Pay 2970

Name of Prod. Form. Queen Sand

PRODUCING INTERVAL -

Perforations 2970' to 2973'

Open Hole -

Depth -

Depth

Tubing 2986

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): 84 bbls, oil, - bbls water in 24 hrs, - min. Size 2" WO

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

Casing 2600 Tubing 2700 Date first new 7-22-58

Press. oil run to tanks

Oil Transporter Cities Service Oil Company (trucks)

Gas Transporter none

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)

OIL CONSERVATION COMMISSION

By:

Title

Agent

Send Communications regarding well to:

Name Neville G. Penrose, Inc.

Address Box 988, Eunice, New Mexico