

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 Ballard

Well No. 4 Unit Letter F S 28 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 C S 28 T 14S R 31E

Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline Co.

Address Loco Hills, New Mexico

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas none

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:

Gas now being vented-quantity does not justify connection

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 5th day of December 19 58

By Glenn B. Price

Approved \_\_\_\_\_ 19 \_\_\_\_\_

Title Agent

OIL CONSERVATION COMMISSION

Company Neville G. Penrose, Inc.

By [Signature]

Address Box 988

Title \_\_\_\_\_

Eunice, New Mexico

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 QUADRUPPLICATE to the same District Office to which Form C-101 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

August 19, 1958

(Place)

(Date)

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

Neville G. Penrose, Inc. Ballard, Well No. 4, in SE 1/4 NW 1/4,  
(Company or Operator) (Lease)

F 28, T 14S, R 31E, NMPM, Caprock Queen Pool  
Unit Letter

Chaves

County. Date Spudded 7-18-58 Date Drilling Completed 7-25-58

Please indicate location:

D	C	B	A
E	F X	G	H
L	K	J	I
M	N	O	P

Elevation 4434 GL Total Depth 3152 PBD

Top Oil/Gas Pay 3131 Name of Prod. Form Queen Sand

PRODUCING INTERVAL -

Perforations 3131'-3134' w/4 shots per foot.

Open Hole Depth Casing Shoe 3152 Depth Tubing 2552

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): 44 bbls. oil, 20 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. MA, frac w/4000 gal ref. oil w/1# sand gal.

Casing Tubing Date first new Press. 2500 Press. 2500 oil run to tanks 8-2-58

Oil Transporter Cities Service Oil Company (trucks)

Gas Transporter

Tubing, Casing and Cementing Record

Size	Feet	Sax
9 5/8"	299	90
7"	3152	100

Remarks: 283-1 (44 P/L)

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)

Agent

Title

Send Communications regarding well to:

Name Neville G. Penrose, Inc.

Address Box 988, Eunice, New Mexico

OIL CONSERVATION COMMISSION

By: (Signature)

Title