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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE
As of December 1, 1961

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 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.

Midland, Texas December 15, 1961
(Place) (Date)

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

Great Western Drilling Company Rock Queen Unit (Company or Operator) **19-10** Well No. in **NW** **SE** **1/4** **1/4**,
(Lease)
J, Sec. **19**, T. **13**, R. **31**, NMPM, **Caprock Queen** Pool

Lease County. Date Spudded **8-10-54** Date Drilling Completed **12-29-54**

Please indicate location:

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

Elevation **4387** Total Depth **11,493** PBD **3071**

Top Oil/Gas Pay **3064** Name of Prod. Form. **Queen**

PRODUCING INTERVAL -

Perforations **3064-3071**
Open Hole Depth **3056** Depth **3050**
Casing Shoe Tubing

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): bbls. oil, bbls water in hrs, min. Size Choke

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):

Casing Tubing Date first new
Press. Press. oil run to tanks

Oil Transporter **Texas-New Mexico Pipe Line Company**

Gas Transporter **None**

Remarks: **This well has been removed from schedule since committing to the Rock Queen Unit (May, 1961). On production tests the last 6 days of November, 1961 - produced 20 bbls. per day. (C-110 Filed May 31, 1961).**

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

Great Western Drilling Company

Approved: 19

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *O.H. Crews* **O.H. Crews**
(Signature)

Title: **Administrative Coordinator**

Name: **Send Communications regarding well to:
Great Western Drilling Company**

Address: **Box 1659, Midland, Texas**

By: _____

Title: _____