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U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-10)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

DUPLICATE

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.

Roswell, New Mexico

1/27/61

(Place)

(Date)

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

Nearburg & Ingram

Midhurst

Well No. **1**, in **NW** $\frac{1}{4}$ **NW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

D

Sec. **35**

T **12-S**

R **37-E**

NMPM,

Southwest Gladiola-Penn

Pool

Unit Letter

Lee

County. Date Spudded **7/31/60**

Date Drilling Completed **9/25/60**

Please indicate location:

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

510' FNL & 600' FNL

Elevation **3900' K.B.** Total Depth **12,228'** PBTD **12,225'**

Top Oil/Gas Pay **11,119'** Name of Prod. Form. **Atoka-Penn**

PRODUCING INTERVAL -

Perforations **11,119 to 11,124**

Open Hole _____ Depth _____ Casing Shoe **12,227'** Depth _____ Tubing **11,967' & 8847'**

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): **433** bbls. oil, **10** bbls water in **20** hrs, _____ min. Size **22/64"** Choke

GAS WELL TEST - **Gas = 855 MCF, GOR = 1975:1, gravity = 54°**

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): **500 gallons MCA**

Casing Pkr _____ Tubing **600** Date first new **1/25/61** oil run to tanks **2/3/61**
Press. _____ Press. _____

Oil Transporter **Service Pipeline Company**

Gas Transporter **None - gas vented at present**

Remarks:

Completion information on Devonian zone previously reported

Devonian - Lower zone NW Gladiola Dev.

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

Nearburg & Ingram

(Company or Operator)

Approved **FEB 8 1961**, 19.

OIL CONSERVATION COMMISSION

By *[Signature]*

Title **Engineer District 1**

By *[Signature]*

(Signature)

Title **Clerk**

Send Communications regarding well to:

Name **Nearburg & Ingram**

P. O. Box 847 - Roswell, New Mexico

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