

**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**

**11-19-57**

(Place)

(Date)

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

**Neville G. Penrose, Inc. Vickers State**, Well No. **1**, in **SW**  $\frac{1}{4}$  **SW**  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

**M**

Sec. **4**

T. **17S**

R. **33E**

NMPM.

**Undesignated**

Pool

Unit Letter

**Lea**

County. Date Spudded **7-9-57**

Date Drilling Completed **10-4-57**

Elevation **4203.1**

Total Depth **4630**

FBD **4550**

Please indicate location:

D	G	B	A
E	F	G	H
L	K	J	I
<b>M</b> <b>X</b>	N	O	P

Top Oil/Gas Pay **4450**

Name of Prod. Form. **Grayburg**

PRODUCING INTERVAL -

Perforations **4348-4362**

**4388-4400**

Open Hole

-

Depth

Casing Shoe **4550**

Depth

Tubing **4316.39**

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): **10.6** 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): **see remarks below**

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new

Press. **1200** Press. **3600** oil run to tanks **11-15-57**

Oil Transporter **none to date-negotiations now being made**

Gas Transporter \_\_\_\_\_

Tubing, Casing and Cementing Record

Size Feet Sx

<b>13 3/8"</b>	<b>329</b>	<b>325</b>
<b>5 1/2"</b>	<b>4550</b>	<b>150</b>

Remarks: **Treated as follows: 4348'-4362'-250 gal. mud acid, 6000 gal. ref. oil 6000# sand. 4348'-4400'- 8000 gal. ref. oil, 18000 # 20/40 sand.**

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: *E. J. Fischer*

Title \_\_\_\_\_

By: *Glenn G. Neill* **Glenn G. Neill**

(Signature)

Title **Agent**

Send Communications regarding well to:

Name **Neville G. Penrose, Inc.**

Address **Box 988, Eunice, New Mexico**