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| TRANSPORTER               | OIL<br>GAS |
| PRODUCTION OFFICE         |            |
| OPERATOR                  |            |

# NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

## REQUEST FOR (OIL) - (GAS) ALLOWABLE

HOLES OFFICE O. C. C. 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

May 28, 1964

(Place)

(Date)

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

Lone Star Producing Company

Well No. 1, in S.W. 1/4, S.W. 1/4,

(Company or Operator)

(Lease)

N

Sec. 20

T. 17-S

R. 36-E

NMPM,

Undesignated

Pool

Unit Letter

Lea

County. Date Spudded 3-28-64

Date Drilling Completed 5-19-64

Please indicate location:

Elevation 3,873.7' Gr.

Total Depth 9,322'

PBTD 9,258'

Top Oil/Gas Pay 9,168

Name of Prod. Form. Abo Detrital

PRODUCING INTERVAL -

Perforations 9,171' to 9,178' (7')

Open Hole

Depth

Casing Shoe 9,293'

Depth

Tubing 9,179'

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): 123 bbls. oil, 15 bbls. water in 24 hrs, - min. Size 2 1/2" 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): 1,000 gals. HCl w/15% FLA-X2 added

Casing Press. Packer Tubing Press. 0-50# Date first new oil run to tanks May 25, 1964

Oil Transporter McWood Corporation

Gas Transporter

Remarks:

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

Approved JUN 1 1964, 19.

Lone Star Producing Company

(Company or Operator)

By: E. J. Sneed (Signature)

Title Sr. Production Foreman

Send Communications regarding well to:

Name E. J. Sneed, Lone Star Producing Co.

Address Box 4815, Midland, Texas 79702

OIL CONSERVATION COMMISSION

By: [Signature]

Title

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

FORM OGC-128  
Revised 5/7/57

SEE INSTRUCTIONS FOR COMPLETING THIS FORM ON THE REVERSE SIDE

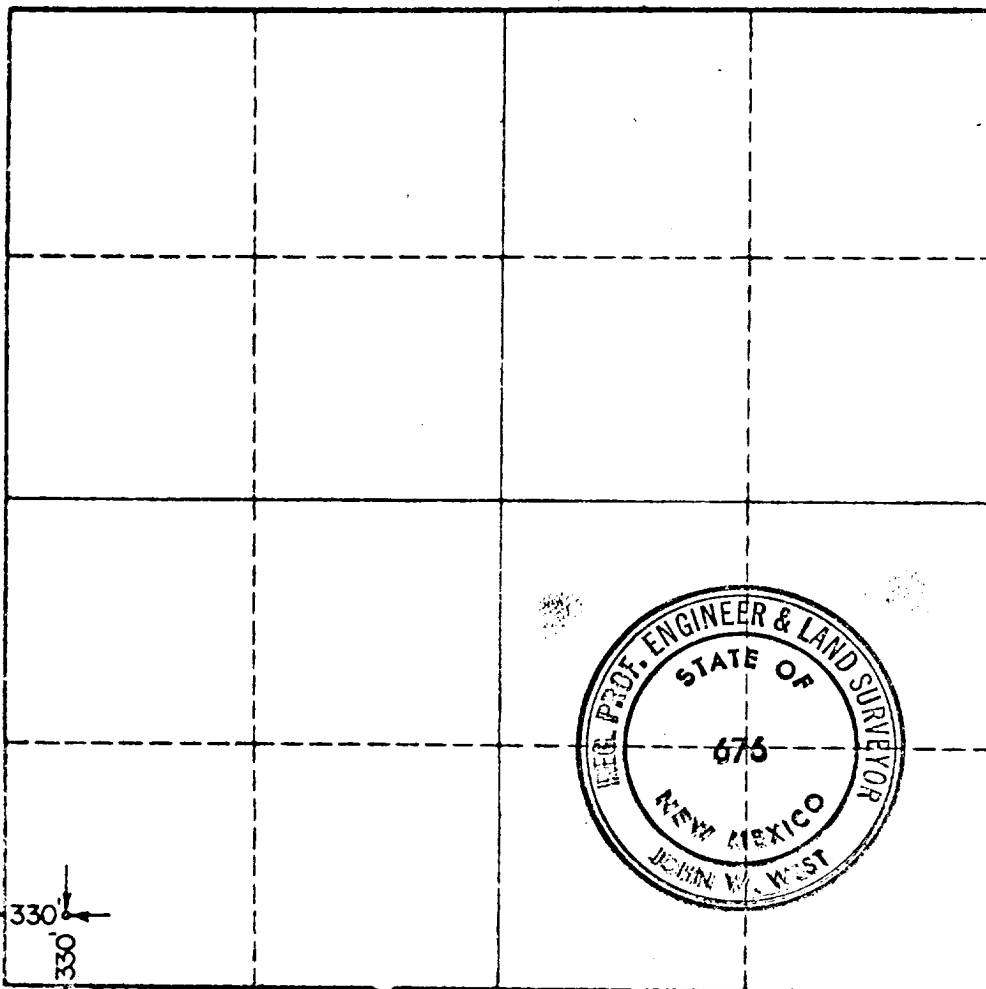
SECTION A

|  |                                   |                             |  |                      |
|--|-----------------------------------|-----------------------------|--|----------------------|
| Operator<br><b>LONE STAR PRODUCING CO.</b>   |                                   | Lease<br><b>GULF STATE</b>  |  | Well No.<br><b>1</b> |
| Unit Letter<br><b>M</b>  | Section<br><b>20</b>              | Township<br><b>17 SOUTH</b> | Range<br><b>36 EAST</b>  | County<br><b>LEA</b> |
| Actual Footage Location of Well:<br><b>330</b> feet from the <b>SOUTH</b> line and <b>330</b> feet from the <b>WEST</b> line |                                   |                             |  |                      |
| Ground Level Elev.<br><b>3873.7</b>  | Producing Formation<br><b>ABO</b> | Pool<br><b>UNDESIGNATED</b> | Dedicated Acreage<br><b>SW<math>\frac{1}{4}</math>SW<math>\frac{1}{4}</math>(40) Acres</b> |                      |

1. Is the Operator the only owner in the dedicated acreage outlined on the plat below? YES ☒ NO \_\_\_\_ ("Owner" means the person who has the right to drill into and to produce from any pool and to appropriate the production either for himself or for himself and another. (65-3-29 (a) NMSA 1935 Comp.)
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? YES \_\_\_\_ NO \_\_\_\_ If answer is "yes," Type of Consolidation \_\_\_\_
3. If the answer to question two is "no," list all the owners and their respective interests below:

| Owner | Land Description |
|-------|------------------|
|       |                  |
|       |                  |

SECTION B



CERTIFICATION

I hereby certify that the information in SECTION A above is true and complete to the best of my knowledge and belief.

|  |
|--|
| Name<br><i>Ernest J. Sneed</i>             |
| Position<br><b>DISTRICT Supt. of Prod.</b> |
| Company<br><b>LONE STAR PRODUCING CO.</b>  |
| Date<br><b>3-27-1964</b>                   |

I hereby certify that the well location shown on the plat in SECTION B was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

|   |
|---|
| Date Surveyed<br><b>3-24-63</b>   |
| Registered Professional Engineer and/or Land Surveyor, <b>JOHN W. WEST</b>      |
| Certificate No.<br><i>John W. West</i><br><b>N.M. - P.E. &amp; L.S. NO. 676</b> |