MEXICO OIL CONSERVATION CON ISSION RECEI NOT 104) Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE AUG 2/4 1960 Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Off or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form Callegras represents 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.

outhwe	stern,	Inc.	NG AN ALLOWABLE FOR A WELL KNOWN AS: CEM OIL FED., Well No. 2, in NE. 1/4,
_			(Lease) , T. 198 , R. 31E , NMPM., North Hackberry-Yates
ddy			County. Date Spudded July 28,1960 Date Drilling Completed August 11,1
	indicate lo		Elevation Total Depth FBID
Please	indicate to		Top Oil/Gas Pay 2158 Name of Prod. Form. Yates
D C	B	A	PRODUCING INTERVAL -
		•	Perforations 2158 to 2174 4 shots per ft.
E F	G	H	Open Hole None Depth Casing Shoe 2185 Depth Tubing 2177.5
_ _		1	
		╀╌╾┥	OIL WELL TEST - Choke
K	J	I	Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
1 N	0	P	load oil used): 1.5 bbls,oil, bbls water in 21, hrs, min. Size Pur
	1	1	GAS WELL TEST -
6601	-660*	<u> </u>	Natural Prod. Test: None MCF/Day; Hours flowed Choke Size
•	g and Ceme		Method of Testing (pitot, back pressure, etc.):
Sire	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
5/8	758	50 sx	Choke Size Method of Testing:
7/0			Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
1/29	2187	200 s	4 = 120004 20/40 2 260004 10/20 sand mixed LORGN ball
1			Sand): 1200 20 40 & 200 40 & 2
*	2177.	-	Press. Oil run to tanks
			Oil Transporter Cactus Petroleum, Inc.
			Gas Transporter
marks:			
I hereby	certify th	at the inf	ormation given above is true and complete to the best of my knowledge.
proved	146.9.4	1960	
	400 6 4	1500	
OII	CONSE	RVATION	COMMISSION By: (Signature)
~		/	V. G
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	L CLORA		Send Communications regarding were

O!L CONSERVATION COMMISSION ARTESIA D'STRICT OFFICE DIS ROU WIL
J. S. G. S.
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