

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 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.

Hobbs, N. Mex.
(Place)

October 22, 1959
(Date)

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

Tennessee Gas Transmission USA Bernice Dinnin Well No. 2, in NW 1/4 SE 1/4,
(Company or Operator) (Lease)
J, Sec. 23, T 20 S, R 33 E, NMPM, Undesignated Pool
Unit Letter

Please indicate location:

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

County. Date Spudded. 9/13/59 Date Drilling Completed 10/5/59
Elevation GL 3619 KB 3631 Total Depth 3429 PBD

Top Oil/Gas Pay 3416 Name of Prod. Form. Seven Rivers

PRODUCING INTERVAL -

Perforations None

Open Hole 3418 - 3429 Depth Casing Shoe 3418 Depth Tubing 3402

OIL WELL TEST -

Natural Prod. Test: 29 bbls. oil, 57 bbls water in 24 hrs, min. Size 2" 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. 0 Press. 0 oil run to tanks October 19, 1959

Oil Transporter Cactus Petroleum, Inc.

Gas Transporter None

Remarks: Pumping on 13/36" spm, 1 1/2" pump GOR TSTM

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

Approved, 19

Tennessee Gas Transmission Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By D. W. Coffey
(Signature)

By Engineer Dist.

Title District Production Superintendent
Send Communications regarding well to:

Title

Name Tennessee Gas Transmission Company

Address P. O. Box 307, Hobbs, New Mexico