

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 left. 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, New Mexico

June 25, 1959

(Place)

(Date)

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

Tennessee Gas Transmission Co. USA Charles H. Loomis Well No. 1, in SE 1/4 NW 1/4,  
(Company or Operator) (Lease)

Sec. 23, T. 20-S, R. 33-E, NMPM, Undesignated Pool

Lease

County. Date Spudded 5/10/59

Date Drilling Completed 6/9/59

Please indicate location:

Elevation 3617 GL 3628 KB Total Depth 3416 PBD

Top Oil/Gas Pay 3410 Name of Prod. Form. Seven Rivers

PRODUCING INTERVAL -

Perforations None

Open Hole 3390-3416 Depth Casing Shoe 3390 Depth Tubing 3403

OIL WELL TEST -

Natural Prod. Test: 48 bbls. oil, 39 bbls water in 24 hrs, 0 min. Size 2"

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 Press. 0 Tubing Press. 0 Date first new oil run to tanks 6/21/59

Oil Transporter Cactus Petroleum, Inc.

Gas Transporter None

Tubing, Casing and Cementing Record

Size	Feet	Sax
7 5/8"	1449	350
5 1/2"	3386	285
2 3/8"	3392	

Remarks:

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:

Title: District Production Superintendent  
Send Communications regarding well to:

Title:

Name: Tennessee Gas Transmission Company

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

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Tennessee Gas Transmission Company Lease USA Charles E. Lewis "A"

Well No. 1 Unit Letter F S 23 T-20-S R-33-E Pool Undesignated

County Lea Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit F S 23 T 20 R 33

Authorized Transporter of Oil or Condensate Cactus Petroleum, Inc.

Address P. O. Box 1567, Midland, Texas  
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas None - commercial quantities of gas not produced.

Address \_\_\_\_\_  
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

\_\_\_\_\_  
\_\_\_\_\_

Reasons for Filing: (Please check proper box) New Well \_\_\_\_\_ (X)

Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head ( ) Condensate ( )

Change in Ownership \_\_\_\_\_ ( ) Other \_\_\_\_\_ ( )

Remarks: \_\_\_\_\_  
(Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 25th day of June 19 59

By [Signature] D. W. Coffey

Title District Production Superintendent

Company Tennessee Gas Transmission Co.

Address P. O. Box 307

Hobbs, New Mexico

Approved \_\_\_\_\_ 19 \_\_\_\_\_

OIL CONSERVATION COMMISSION

By [Signature]

Title \_\_\_\_\_