

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.

Hobbs, New Mexico April 8, 1961
(Place) (Date)

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

Southern Union Production Company, Fed Saunders, Well No. 2, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)
A, Sec. 9, T. 20 S, R. 35 E, NMPM, Peerl Queen Pool
Unit Letter

Lee County. Date Spudded 3-8-61 Date Drilling Completed 3-26-61
Elevation 3677.65 Total Depth 5050 FEET 5020

Please indicate location:

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

Top Oil/Gas Pay 4861 Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 4953 - 4957 and 4962 - 4970

Open Hole _____ Depth _____ Casing Shoe 5050 Depth _____ Tubing 4970

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): 240 bbls. oil, 0 bbls water in 24 hrs, _____ min. Size Swab Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	206'	150 SX
4 1/2"	5050'	350 SX
2 3/8"	4970'	

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): Fraced w/20,000 gal oil and 10,000# sand, 1350# Alum Pellets

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks April 8, 1961

Oil Transporter The Permian Corp.

Gas Transporter _____

Remarks: _____

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

Approved _____, 19_____

Southern Union Production Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]
(Signature)

By: [Signature]

Title Prod. & Drlg. Dept.
Send Communications regarding well to:

Title _____

Name Southern Union Production Co.

Address P. O. Box 146, Hobbs, New Mexico