NEW M 'ICO OIL CONSERVATION COMMIS' IN 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, New Mexico (Place)		April 16, 1963 (Date)	
		÷	NG AN ALLOWABLE FO				
	Corporati mpany or Ope		State "E" 0G-5364 (Lease		2 , in		/4SE
	, Sec		, T 11-S , R 34-1			ted	Роо
	N		County. Date Spudded.	2/23/63	Date Drilling Go	mpleted	4/6/63
	e indicate lo		Elevation 4195 G	Total De	epth9830	PBTD	9776
D	C B	A	Top Oil/Gas Pay 9758	Name of	Prod. Form. BC	ough "C"	
			PRODUCING INTERVAL -				
EF	F G	Н	Perforations	9(90 - 9(03 Depth	- 0	Depth	
				Casing S	shoe 9529	Tubing	6993
LK	K J	I	OIL WELL TEST -				Choke
	r		Natural Prod. Test:				
M	NO	P	Test After Acid or Fract		÷	•	Chaba
			load oil used): 141	_bbls.oil, _277	obls water in 2	hrs, <u>0</u>	-
			GAS WELL TEST -				Pu
.980' T	5L & 1980	FRL	- Natural Prod. Test:	MCF/Day;	Hours flowed	Choke	Size
ubing "Cas	ing and Cemer	nting Recon	Method of Testing (pitot	, back pressure, etc.)	*		
Sire	Feet	Sax	Test After Acid or Fract		-		flowed
			Choke SizeMetho				
<u>13 3/8</u>	375	400					
8 5/8	4010	350	Acid or Fracture Treatmer	nt (G ive amounts of ma	terials used, suc	h as acid,	water, oil, and
• //•			sand): 500 gals	acid			
5 1/2	9829	200	Casing Tubing Press. Pkr Press.	oil run to ta	nks April	13. 1963	
			Oil Transporter Ser	vice Pipe Line	Company		
2 7/8	6993		Gas Transporter VOI	ren Petroleum C	orperation		
marks	Why its	iene gin	Agent Tenneco Oil	Company			••••••
		•••••••••••••••••	•••••••••••••••••••••••••••••••••••••••				
T hereb	w certify the		ormation given above is tru	e and complete to th	e best of my know	wledge.	•••••
			, 19		IECO OIL COM		
provea				\sim	(Company or O	perator)	
OI	L CONSER	VATION	COMMISSION	By: act	(Signatur	•	. V. Lang
-11	1/-			Title District	Production	Superin	tendent
				Title District Production Superintendent Send Communications regarding well to:			
:le				NameTenneco	011 Company	<u> </u>	
				Address Box 3	07, Hobbs, 1	iev Mexi	co