REQUEST FOR (OIL) - (GAS) ALLOWABLE C. C. 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

uthwe (Con	Stern , spany or Op	Inc. S erator)	outhern Calif.Pet.Corpell Nol., ir (Lease) Fed. T. 195 R. 30E NMPM, Undesignat	nSE
H/		14	T 19S R 30E NMPM, Undesignat	ed Pool
Eddy			County. Date Spudded 5-15-60 Date Drilling Elevation 3360 Total Depth 2136	Completed 6-2-60
Please	indicate	location:	Top Oil/Gas Pay 2007 Name of Prod. Form.	
D (В	A	PRODUCING INTERVAL -	Lower lates Sand
E I	G	H	Perforations 2098 to 2104-2110 to 212	0-2122 to 2130
	"		Open Hole Casing Shoe 2136	Tubing 2120.97
L I	J	I	OIL WELL TEST - Natural Prod. Test:bbls.oil,bbls water	Choke in hrs, min. Size
		1	Test After Acid or Fracture Treatment (after recovery of volume	
M N	0	P	load oil used): 45 bbls.oil,bbls water in	Choke 24 hrs, min. Size Pin
- 1			GAS WELL TEST -	
227.0	N 3	30 E	Natural Prod. Test: None MCF/Day; Hours flowed	Choke Size
	_	enting Recor	•	CHOKE SIZE
Size	Feet	Sax	Method of Testing (pitot, back pressure, etc.):M Test After Acid or Fracture Treatment:M	CE/Day: Hours flowed
			Choke Size Method of Testing:	2., 20, 110015 110HCG
5/84	558	75 ax.		
5 1/2	2136	270 sx	Acid or Fracture Treatment (Give amounts of materials used,	such as acid, water, oil, and
2 3/8"		 	casing Press. 400 Press. and 70 rubber bal Date first new oil run to tanks 6-11	
			Oil Transporter Cactus Petroleum, Inc.	
		<u> </u>	Gas Transporter	
marks:		••••		
.,				***************************************
				••••••
I hereb	y certify t	hat i the ninfo	mation given above is true and complete to the best of my ki	nowledge.
proved		JON TE	19	AAA J MANKE
			(Company or	(Operator)
OII	CONSE	RVATIOŅ	COMMISSION By: tank) eard
m	40	, /	Office Manage	(M) (1)
: <i>[.[.]</i>	XLLZI	uslec	Title Office Manage Send Communication	***************************************
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······································	TRITICAS (MERCANA	NameSouthwestern	, Inc.
			AddressBox 1116, Lo	

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NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO

Form C-110 Reveo E/14年 D

(File the original and 4 copies with the appropriate district office) N 1 3 1960

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION D. C. C.
TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

Company or Operator Southwestern, Inc.	Operator Lease Southern Calif.	. P
Well No. 1 Unit Letter KS 14	T 193 R DE Pool Undesignated	
County Kind of Leas	e (State, Fed or Patented) Manager	
If well produces oil or condensate, give loca	ation of tanks: Unit H S at T acc P ac	
Authorized Transporter of Oil or Condensat	e Cactus Petroleum, Inc.	<u>) </u>
Address P.O. Box 634. Midland, Texas		
(Give address to which approved	copy of this form is to be sent)	
Authorized Transporter of Gas		
Address	Date Connected	
Give address to which approved If Gas is not being sold, give reasons and al	conv of this form is to be sent	
Vented	•	!
leasons for Filing:(Please check proper box	N W 11	
Change in Transporter of (Check One): Oil (New West	
) Dry Gas () C'head () Condensate (),
Change in Ownership ()	Other	
lemarks:	() Other () () () (Give explanation below)	
he undersigned certifies that the Rules and inssion have been complied with.	Regulations of the Oil Conservation Com-	, .
xecuted this the 10 day of June	19 <u>60</u>	
	By trank 6. Beard	
pproved	Title Office Manager	-
OIL CONSERVATION COMMISSION	Company Southwestern, Inc.	
y M& anutrong	Address Box 1116	
itleetimbers morting.	Lovington, New Mexico	

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