

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

RECEIVED

(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.

Midland, Texas

5/24/60

(Place)

(Date)

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

PAUL E. HASKINS

(Company or Operator)

(Lease)

Well No. 2, in S.W. 1/4 NE 1/4,

G

Sec. 9

T. 18S

R. 31E

NMPM, N. Shugart Queen Grayburg Pool

Unit Letter

County. Date Spudded 12/25/59

Date Drilling Completed 3/30/60

Elevation 3707

Total Depth 3996

FBTD 3960

Please indicate location:

Top Oil/Gas Pay 3893

Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 3893-97; 3923-33;

Open Hole _____ Depth _____

Casing Shoe _____

Depth _____

Tubing _____

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): 20 bbls. oil, 60 bbls water in 24 hrs, ---min. Size 1 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): 15.000 gal. oil; 30.000# sand

Casing _____ Tubing _____ Date first new _____

Press. _____

Press. _____

oil run to tanks

5/1/60

Oil Transporter Cactus Petroleum Company

Gas Transporter _____

Remarks: _____

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

Approved _____, 19_____

PAUL E. HASKINS

(Company or Operator)

By: _____

(Signature)

OIL CONSERVATION COMMISSION

By: _____

Title Owner

Send Communications regarding well to:

Title _____

Name PAUL E. HASKINS

Address 801 First Nat'l Bank Bldg., Midland