

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
(Place)

1/14/58
(Date)

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

Tennessee Gas Transmission Co.-State John M. Kelly "A" Well No. 1, in SE 1/4 NW 1/4,
(Company or Operator) (Lease)

E 34, Sec. 34, T -24-S, R -27-E, NMPM., Undesignated Pool
Unit Letter

Eddy

County. Date Spudded 9/23/57

Date Drilling Completed 12/26/57

Please indicate location:

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

Elevation 4139' GL 3242 Total Depth 10,917 PBD

Top Oil/Gas Pay 10,871 Name of Prod. Form. Pennsylvanian

PRODUCING INTERVAL -

Perforations None

Open Hole 10,824-10,917 Depth Casing Shoe 10,824 Depth Tubing 10,795

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): bbls. oil, bbls water in hrs, min. Size Choke

GAS WELL TEST -

Natural Prod. Test: 2189.6 MCF/Day; Hours flowed 28 Choke Size 17/64"

Method of Testing (pitot, back pressure, etc.): Back Pressure

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. Tubing Press. Date first new oil run to tanks

Oil Transporter

Gas Transporter

Remarks: Absolute open flow 2240 MCFPD. See Form C-122 (Multi Point Back Pressure Test for Gas Wells). Well shut-in for pipe line connection

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

Approved JAN 16 1958, 19

Tennessee Gas Transmission Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title OIL AND GAS INSPECTOR

By: (Signature)

Title District Production Superintendent
Send Communications regarding well to:

Name Tennessee Gas Transmission Company

Address Box 2544, Hobbs, New Mexico

