

NEW MEXICO OIL CONSERVATION COMMISSION
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 **QUADRUPPLICATE** to the same District Office to which Form C-50 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)

9-30-58
(Date)

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

Tennessee Gas Transmission Co. - State A.A. Kennitz Well No. 5, in SW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

E Sec. 25, T. 16-S, R. 33-E, NMPM., Kennitz Wolfcamp Pool
Unit Letter

Lee

County. Date Spudded 7-14-58 Date Drilling Completed 9-14-58

Please indicate location:

Elevation 4171 Total Depth 11,700 PBTD 11,534

Top Oil/Gas Pay 10,776 Name of Prod. Form. Wolfcamp

PRODUCING INTERVAL -

Perforations 10,776-10,814 w/5 jets per ft.

Open Hole _____ Depth _____ Casing Shoe 11,698 Depth _____ Tubing 10,747

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 132 bbls. oil, 0 bbls water in 12 hrs, 0 min. Choke Size 24/64"

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): 2000 gal acid

Casing _____ Tubing 500 Date first new _____
Press. 100 Press. 3000 oil run to tanks 9-23-58

Oil Transporter Gulf Refining Company

Gas Transporter _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>13 3/8</u>	<u>361</u>	<u>400</u>
<u>9 5/8</u>	<u>4500</u>	<u>2400</u>
<u>7</u>	<u>11,698</u>	<u>500</u>
<u>2</u>	<u>10,747</u>	<u>--</u>

Remarks: To be dually completed in Wolfcamp and Cisco zones. Cisco not yet potentialled.

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

Approved: _____, 19____

Tennessee Gas Transmission Company
(Company or Operator)

By: J. B. Larkins, Jr.
(Signature)

Title District Office Supervisor
Send Communications regarding well to:

Name Tennessee Gas Transmission Company

Address P. O. Box 307, Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title _____