

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 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)

9/17/57
(Date)

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

Tennessee Gas Transmission Company State "A", Well No. 2, in NE 1/4 SW 1/4,
(Company or Operator) (Lease)
K, Sec. 20, T. 16-S, R. 34-E, NMPM., Kennits Wolfcamp Pool
Unit Letter

Lee

County. Date Spudded 6/14/57 Date Drilling Completed 8/11/57

Please indicate location:

Elevation 4124.2 Total Depth 10,769 PBD 10,703

Top Oil/Gas Pay 10,602 Name of Prod. Form. Lower Wolfcamp

PRODUCING INTERVAL -

Perforations 10,602-12, 10,622-23, 10,640-54, 10,660-75

Open Hole 0 Depth 10,766 Casing Shoe 10,766 Depth 10,375 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 Choke load oil used): 226 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 18/64"

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): 19,500 gallons Acid

Casing Tubing Date first new Press. 0 Press. 150 oil run to tanks 9/16/57

Oil Transporter Gulf Refining Company

Gas Transporter None

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>13 3/8</u>	<u>349</u>	<u>400</u>
<u>8 5/8</u>	<u>4542</u>	<u>1850</u>
<u>5 1/2</u>	<u>10747</u>	<u>290</u>
<u>2 3/8</u>	<u>10375</u>	<u>-</u>

Remarks: _____

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)

OIL CONSERVATION COMMISSION
By [Signature]
Title [Signature]

By [Signature]
(Signature)

Title District Production Superintendent
Send Communications regarding well to:

Name TENNESSEE GAS TRANSMISSION COMPANY

Address 203 North Linan, Hobbs, New Mexico