

# 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 1/30/59  
(Place) (Date)

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

Tennessee Gas Transmission Co. State A.A. Kunitz A Well No. 6, in NE 1/4, SE 1/4,  
(Company or Operator) (Lease)

I, Sec 30, T-16-S, R-34-E, NMPM, Kunitz Wolfcamp Pool  
Unit Letter

County Date Spudded 10/8/58 Date Drilling Completed 12/2/58  
Elevation 4131.0 Total Depth 10970 PBD 10473

Please indicate location:

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

Top Oil/Gas Pay 10288 Name of Prod. Form. Wolfcamp

## PRODUCING INTERVAL -

Perforations 10288-10295  
Open Hole Depth Casing Shoe 10536 Depth Tubing 10160

## OIL WELL TEST -

Natural Prod. Test No Test bbls. oil, bbls water in hrs, min. Size  
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 68 bbls. oil, 62 bbls water in 24 hrs, min. Size

## GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

## Tubing, Casing and Cementing Record

Size	Feet	Size
13 3/8	371	400
8 5/8	4556	2300
5 1/2	10553	230
2 3/8	10160	

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): 250 gals. H<sub>2</sub>O and 500 gals. gelled acid.

Casing Tubing Date first new  
Press. Press. oil run to tanks 1/28/58

Oil Transporter Gulf Refining Co.

Gas Transporter Phillips Petroleum Co.

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)

Original Signed By:

By: D. W. Coffey D. W. Coffey  
(Signature)

OIL CONSERVATION COMMISSION

By: District Production Superintendent

Send Communications regarding well to:

Title Tennessee Gas Transmission Company

Address Box 307, Hobbs, New Mexico