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	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

DISTRICT OFFICE 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 June 2, 61
(Place) (Date)

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

Cactus Drilling Company Amada St., Well No. 1, in NE $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)

C, Sec. 12, T. 18a, R. 36a, NMPM., Undesignated Pool
Unit Letter

Lea County. Date Spudded 7-4-69 Date Drilling Completed 9-9-60
Elevation 3787 Total Depth 5026 PBTD 4595

Please indicate location:

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

Top Oil/Gas Pay 4422 Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 4422-4438
Open Hole _____ Depth _____
Casing Shoe 4639 Depth _____
Tubing 4428

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

GAS WELL TEST -

Natural Prod. Test: 2,500 MCF/Day; Hours flowed 22 1/2 Choke Size 2
Method of Testing (pitot, back pressure, etc.): 2" Recorder
Test After Acid or Fracture Treatment: 2,600 MCF/Day; Hours flowed 24
Choke Size 2 1/2 Method of Testing: 2" Recorder

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 Warren Pet. Company

Remarks: _____

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

Approved _____, 19____

Cactus Drilling Company

(Company or Operator)

By: Lee W. Baker
(Signature)

Title Vice -President

Send Communications regarding well to:

Name Cactus Drilling Company

Address Box 1826, Hobbs New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title _____