

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <b>Cactus Drilling Company</b>	
Address <b>Drawer 2066, Hobbs, New Mexico</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<b>Completion on Re-entry Well</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner **Shell Oil drilled original location to 3500' and plugged.**

Lease Name <b>Shell Federal</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Lusk (Seven Rivers)</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location <b>Lusk-Seven Rivers R-3051</b>			
Unit Letter <b>D</b>	<b>660</b>	Feet From The <b>North</b>	Line and <b>660</b> Feet From The <b>West</b>
Line of Section <b>3</b>	Township <b>19S</b>	Range <b>32E</b>	NMPM, <b>Lea</b> County

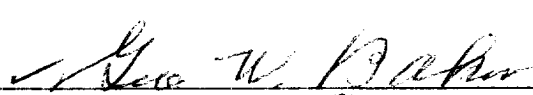
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Permian Corporation</b>		Address (Give address to which approved copy of this form is to be sent) <b>P O Box 3119, Midland, Texas</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>		Address (Give address to which approved copy of this form is to be sent) <b>P O Box 477, Buckeye, New Mexico</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>J</b>	Sec. <b>3</b>	Twp. <b>19S</b>
	Rge. <b>32 E</b>	Is gas actually connected? <b>Yes</b>	When separator vent to Bty <b>1 8-18-65</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>Re-entry 1/13/65</b>	Date Compl. Ready to Prod. <b>29 January 66</b>	Total Depth <b>3905</b>		P.B.T.D. <b>3863</b>					
Pool <b>Lusk (Seven Rivers)</b>	Name of Producing Formation <b>Seven Rivers</b>	Top Oil/Gas Pay <b>3858</b>		Tubing Depth <b>3862</b>					
Perforations <b>3866-3858, 2 spf</b>		Depth Casing Shoe <b>3903</b>							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE <b>6-3/4"</b>	CASING & TUBING SIZE <b>7-5/8"</b> <b>4-1/2"</b>		DEPTH SET <b>311</b> <b>3905</b>		(in place at re-entry) <b>175 sz</b>				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks <b>29 January 66</b>	Date of Test <b>30 January 66</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <b>45 bbl</b>	Oil-Bbls. <b>45 bbl</b>	Water-Bbls. <b>no</b>	Gas-MCF <b>14.4</b>

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED _____, 19____	
		BY _____	
		TITLE _____	
 <b>Vice President</b> (Signature)		This form is to be filed in compliance with RULE 1104.	
<b>1 February 66</b> (Date)		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
		Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.	
		Separate Forms C-104 must be filed for each pool in multiply completed wells.	