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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

OCT 8 1 48 PM '63

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

1-7-63

(Place)

(Date)

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

Cactus Drilling Company, Guy H. Hooper "A" Well No. 1 in NW $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)
Unit Lea, Sec. 6, T. 19 S., R. 35 E., NMPM., Undesignated Pool

Lea

Please indicate location:

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

1980' FS & FE Lines

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	400	400
8-5/8	397 1/2	400
4-1/2	10212	300

County. Date Spudded 8-7-63 Date Drilling Completed 9-11-63
Elevation 3887.9 G.L. Total Depth 10225 PBD 10188

Top Oil/Gas Pay 10090 Name of Prod. Form. Bone Springs

PRODUCING INTERVAL -

Perforations 10111-10091; 10132-10120

Open Hole _____ Depth _____ Casing Shoe 10225 Depth _____ Tubing 10128

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): 66 bbls. oil, no bbls water in 24 hrs, no min. Choke Size 12/64

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): see remarks

Casing _____ Tubing _____ Date first new _____
Press. packer Press. 825 oil run to tanks 9-27-63

Oil Transporter The Permian Corporation, Midland, Tex

Gas Transporter none

Remarks: Stimulated perforated zone w/1000 gal acid, swabbed back; reacidized zone w/30,000 gal acid, swabbed well clean. Shut in 24 hrs and flow established. recovered total load and well produced 66 bbl new oil 9/27/63.

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: Geo. W. Baker
(Signature)

OIL CONSERVATION COMMISSION

By: _____

Title Vice-President

Send Communications regarding well to:

Name Mr. Geo. W. Baker

Address Box 1826, Hobbs, New Mexico

Title _____