

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.

Artesia, New Mexico January 13, 1959
(Place) (Date)

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

T.J. Sivley Federal Silver, Well No. 1, in NW 1/4 SE 1/4,
(Company or Operator) (Lease)
J, Sec. 28, T. 20S, R. 34E, NMPM., Lynch Pool Extension Pool
Unit Letter

Loca County Date Spudded 11/17/58 Date Drilling Completed 1/6/59

Please indicate location:

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

Elevation 3713 BF Total Depth 3720 PBDT

Top Oil/Gas Pay 3717 Name of Prod. Form. Yates-Sewer Rivers

PRODUCING INTERVAL -

Perforations Open Hole

Open Hole X Depth Casing Shoe 3585 Depth Tubing 2665'

OIL WELL TEST -

Natural Prod. Test: 51 bbls. oil, 0 bbls water in 8 hrs, min. Size Swab

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. Size

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): 250 Gallon MCA Acid dumped in Hole to Clean up

Casing Tubing Date first new Press. 10" Press. 0 oil run to tanks 1/6/59

Oil Transporter Cactus Petroleum, Inc.,

Gas Transporter

Remarks:

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

Approved, 19.

T.J. Sivley

(Company or Operator)

By: J. J. Sivley

(Signature)

Operator

Title

Send Communications regarding well to:

Name T.J. Sivley

Address Box 1208, Artesia, N.M.

OIL CONSERVATION COMMISSION

By: [Signature]

Title