

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

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

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 7/1/59

(Place)

(Date)

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

T.J. Sivley

Federal Silver

, Well No. 4, in SW 1/4 SE 1/4,

(Company or Operator)

(Lease)

0, Sec. 28, T. 20S, R. 34 E, NMPM, Lynch Pool

U.S. Letter

Les County

County. Date Spudded 5/4/59

Date Drilling Completed 6/20/59

Please indicate location:

Elevation 3732 DF Total Depth 3733 PBD 3727

Top Oil/Gas Pay 3718 Name of Prod. Form Yates

PRODUCING INTERVAL -

Perforations 3718 - 3724 1/2

Open Hole Depth Casing Shoe 3725 Depth Tubing 3665

OIL WELL TEST -

Natural Prod. Test: 30 bbls. oil, 0 bbls water in 12 hrs, min. Size Bail

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 71 bbls. oil, 0 bbls water in 21 hrs, min. Size pump

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): 500 Ga. Acid, 8400 Ga. Lse Crude, 10,000 Lbs Sand

Casing Press. 0 Tubing Press. 0 Date first new oil run to tanks 7/1/59

Oil Transporter Cactus Petroleum, Inc.,

Gas Transporter None - Gas Volume too small to measure

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: (Signature)

Title Operator

Send Communications regarding well to:

Name T.J. Sivley,

Address Box 1208, Artesia, New Mexico

OIL CONSERVATION COMMISSION

By: (Signature)

Title