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 degreed into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

					HOBBS NEW MEXICO 11-1-1960 (Date)	
WE AR	E HERI	EBY RE	QUESTI	NG AN ALLOWABLE FO	OR A WELL KNOWN AS:	
CACTU	S DA.	ULINO y or Open	G COMP.	ANY PARKS (Lease	, Well No, in	
C	Letter	, Sec	29	., T19s, R35	e, NMPM., PEARL QUEEN Pool	
LEA				County. Date Spudded.	9-15-60 Date Drilling Completed 10-24-60	
Please indicate location:					Total Depth 5039 FBTD	
D	C	В	A	Top Oil/Gas Pay503	Name of Frod. Form. Penrose (Queen)	
	X			PRODUCING INTERVAL -		
E	F	G	H	Perforations	Depth Depth	
	•		"	Open Hole 5020-3	Depth Casing Shoe 5020 Tubing 4991	
L	72	J		OIL WELL TEST -		
	K		I	Natural Prod. Test:	Choke bbls.oil, 0 bbls water in 3 hrs, min. Size 0	
М		0		Test After Acid or Fract	ure Treatment (after recovery of volume of oil equal to volume of	
	N		P	load oil used):80	bbls,oil,bbls water inhrs,min. Sizenone	
				GAS WELL TEST -		
-				Natural Prod. Test: MCF/Day; Hours flowedChoke Size		
tubing ,Casing and Cementing Record			ting Recor		, back pressure, etc.):	
Size		Feet Sax		Test After Acid or Fract	ure Treatment: MCF/Day; Hours flowed	
13%	10	104 100		Choke Size Method of Testing: Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and		
5/2	_ 57					
				sand): 85UDDIS OF	il 20,000# sand Date first new	
				PressPress	0	
				Oil Transporter She.	ll Pipeline Compa ny	
Remarks	· S1	abbi:	ng Tes	.	llips Petroleum Company	
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I he	reby cer	rtify tha	t the info	rmation given above is tru	e and complete to the best of my knowledge.	
Approve	-			, 19	CACTUS DI ILLING COMPANY	
				, and the	(Company or Operator)	
,	OK CO	ONSER	VATION	COMMISSION	By: (Signature)	
D		1/2	hh)		II TABADA DA TABA	
of the first					Title Send Communications regarding well to:	
Title	<i>.</i>	<i>[</i>			Name GEORGE BAKEL	
			·		Address Box 1826, Hobbs New Mexico	