

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.

Hobbs, New Mexico October 25, 1960
(Place) (Date)

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

Tennessee Gas Transmission Co. G. E. Jordan-USA, Well No. 2, in SE $\frac{1}{4}$, NW $\frac{1}{4}$,
(Company or Operator) (Lease)

F 15, T 25-S, R 32-E, NMPM, Undesignated Pool
Unit Letter

Lea County. Date Spudded 10-2-60 Date Drilling Completed 10-13-60

Please indicate location:

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

Elevation 3443 KB Total Depth 4811 PBD 4722

Top Oil/Gas Pay 4674 Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4674-93

Open Hole - Depth - Casing Shoe 4774 Depth - Tubing 4648

OIL WELL TEST -

Natural Prod. Test: 35 bbls. oil, 1.5 bbls water in 8 hrs, 0 min. Choke 12/64"

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. Choke -

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): None

Casing Pkr Tubing 270 Date first new oil run to tanks October 24, 1960

Oil Transporter Cactus Petroleum Corporation

Gas Transporter None

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	376	250
4 1/2	4811	150
2 3/8	4648	-

Remarks: -

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

Approved 201 8 1 1960, 1960

OIL CONSERVATION COMMISSION

By: [Signature]

Title General District

Tennessee Gas Transmission Company
(Company or Operator)

By: [Signature] A. W. Lang
(Signature)

Title District Production Superintendent
Send Communications regarding well to:

Name Tennessee Gas Transmission Company

Address Box 307, Hobbs, New Mexico