

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

December 30, 1960

(Place)

(Date)

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

Tennessee Gas Transmission Co. G. E. Jordan-USA

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

(Company or Operator)

(Lease)

L

Sec. 15

T. 25-S

R. 32-E

NMPM.

Pool

Unit Letter

100

County. Date Spudded 12/15/60

Date Drilling Completed 12/23/60

Please indicate location:

Elevation 3422' GL Total Depth 4774' PBD 4742'

Top Oil/Gas Pay 4657 Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4665-4676

Open Hole Depth 4774' Casing Shoe Depth 4683' Tubing

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): 40 bbls. oil, 0 bbls water in 22 hrs, 0 min. Choke Size 14/64"

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): Acidized w/500 gals mud acid

Casing 490 Tubing 110 Date first new oil run to tanks December 29, 1960

Oil Transporter Cactus Petroleum, Inc.

Gas Transporter

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	384	200
5 1/2	4774	150
2 3/8	4683	

Remarks:

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

Approved: _____, 19_____

Tennessee Gas Transmission Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: C.W. Nance C. W. Nance
(Signature)

Title District Petroleum Engineer

Send Communications regarding well to:

Name Tennessee Gas Transmission Company

Address Box 307, Hobbs, New Mexico

By: _____

Title _____

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