

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 QUADRUPPLICATE 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 9, 1960

(Place)

(Date)

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

Tennessee Gas Transmission Co. State-E. L. Bradley, Well No. 2, in NE 1/4, NE 1/4,

(Company or Operator)

(Lease)

A 16, Sec. 16, T. 25-S, R. 32-E, NMPM., Undesignated Pool

Unit Letter

Lea

County. Date Spudded 11-23-60

Date Drilling Completed 12-2-60

Please indicate location:

Elevation 3450' GL Total Depth 4836' PBTD 4810

Top Oil/Gas Pay 4692' Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4703-08, 4716-21

Open Hole -- Depth 4836' Casing Shoe 4670' Depth Tubing 4670'

OIL WELL TEST -

Natural Prod. Test: 47 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke Size 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 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):

Casing Tubing 300 Date first new December 6, 1960
Press. Press. oil run to tanks

Oil Transporter Cactus Petroleum, Inc.

Gas Transporter None

Tubing, Casing and Cementing Record

Size Feet Sax

8 5/8"	355	240
4 1/2"	4836	150
2 3/8"	4670	

Remarks: Washed perfs. with 500 gals. mud acid.

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)

By: [Signature]

Title

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