

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 7, 1960
(Place) (Date)

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

Tennessee Gas Transmission Co., State Monsanto, Well No. 3, in SW $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)
0, Sec. 16, T. 25-S, R. 32-E, NMPM., Undesignated Pool
Unit Letter

100

County. Date Spudded 11/19/60 Date Drilling Completed 11/27/60

Please indicate location:

Elevation 3430' GL Total Depth 4736' PBTD 4700'

Top Oil/Gas Pay 4606 Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4600' - 4614', 4627' - 4634'

Open Hole _____ Depth _____ Casing Shoe 4736' Depth _____ Tubing 4579'

OIL WELL TEST -

Natural Prod. Test: 38 bbls. oil, 0 bbls water in 17 hrs, 45 min. Choke Size 14/64"

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 _____ Date first new _____
Press. 654 Press. 3254 oil run to tanks December 2, 1960

Oil Transporter Cactus Petroleum, Inc.

Gas Transporter None

Tubing, Casing and Cementing Record

Size Feet Sds

8 5/8"	356'	240
4 1/2"	4736'	150
2 3/8"	4579'	

Remarks: Washed perforations w/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)

OIL CONSERVATION COMMISSION

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

By: _____

Title: District Production Superintendent
Send Communications regarding well to:

Title _____

Name: Tennessee Gas Transmission Co.

Address: Box 307, Hobbs, New Mexico