

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

Hobbs, New Mexico January 10, 1961  
(Place) (Date)

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

Tennessee Gas Transmission Co. Eugene H. Perry (Company or Operator) (Lease) Well No. 3, in 2N 1/4 2E 1/4

6 Unit Letter, Sec. 21, T. 25-S, R. 32-E, NMPM., Undesignated Pool

Lee County, Date Spudded 12/23/60 Date Drilling Completed 1/2/61

Please indicate location:

Elevation 3408 ft Total Depth 4747 PBD 4713

Top Oil/Gas Pay 4612 Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4639-48, 4653-57

Open Hole Depth Casing Shoe 4747 Tubing 4736

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 43 bbls. oil, 0 bbls water in 0 hrs, 0 min. Size 17/64"

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/ 300 gal. 10% HCl

Casing 260 Press. 70 Press. 70 oil run to tanks

January 4, 1961

Oil Transporter Cactus Petroleum, Inc.

Gas Transporter None

Remarks: 25 days in 1st 27th

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 (Signature)

By: [Signature]

Title: District Production Superintendent Send Communications regarding well to:

Title:

Name: Tennessee Gas Transmission Co.

Address: Box 307, Hobbs, New Mexico

