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| BANTA FE               |     |  |  |  |  |  |  |
| FILE                   |     |  |  |  |  |  |  |
| U.S.G.S.               |     |  |  |  |  |  |  |
| LAND OFFICE            |     |  |  |  |  |  |  |
| TRANSPORTER            | OIL |  |  |  |  |  |  |
|                        | GAS |  |  |  |  |  |  |
| PRORATION OFFI         | C E |  |  |  |  |  |  |
|                        |     |  |  |  |  |  |  |

## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

## REQUEST FOR (OIL) - (GAS) ALLOWAPLE

HOBBS OFFICE OCC New Well

New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any open total 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,                    | N.M.              |                       | 4-23-62                 |
|---------------|-------------------------------|--------------------|---------------|--------------------|---|---------------------------|-------------------|-----------------------|-------------------------|
|               |                               | •                  |               |                    |   | (Place)                   |                   |                       | (Date)                  |
| WE AR         | E HER                         | EBY R              | EQUESTI       | NG AN ALLO         | WABLE FO                                | K A WELL K                | KNOWN AS          | :                     |                         |
| Cact          | tus D                         | rilli              | ng co.        | Federa             | 1 - 35                                  | , Well No                 | o                 | , inNE                | NE 1/4,                 |
| A             | (Compai                       | ny or Op<br>, Sec. | erator)<br>35 | , T <sup>25s</sup> | (Lease)<br>., R <sup>37e</sup>          | , NMPM., .                | Undes.            | Justis                | Pool                    |
|               |                               | Lea                |               | County Day         | . 5                                     | -3 <b>-62</b>             | Data De           | dlline Complet        | 3-19-62                 |
|               | Lea Please indicate location: |                    | Elevation 30  | 27.7               | Tot                                     | al Depth 59               | <b>2</b> 5        | PBTD 5880             |                         |
|               |                               |                    |               | Top Oil/Gas P      | <sub>ay</sub> 5064                      | Tot                       | me of Prod. Fo    | rm. Bline             | bry                     |
| D             | C                             | В                  | A             | PRODUCING INT      | ERVAL -                                 |                           |                   |                       |                         |
|               |                               | <b>.</b>           | X             | Perforations       | <del></del>                             | 5064-5081                 | 4                 |                       |                         |
| E             | F                             | G                  | H             | Open Hole          |   | Dep<br>Cas                | th<br>ing Shoe 59 | 18 De                 | pth<br>bing 5073        |
|               |                               |                    |               | OIL WELL TEST      |   |                           |                   | <del></del> . ~       |                         |
| L             | K                             | J                  | I             |                    | '                                       | bbls.oil.                 | bbls              | water in              | Choke<br>hrs, min. Size |
|               |                               |                    |               |                    |   |                           |                   |                       | il equal to volume of   |
| M             | N                             | 0                  | P             |                    |   |                           |                   |                       | ,min. Size_16/6         |
|               |                               |                    |               | GAS WELL TEST      | -                                       |                           |                   |                       |                         |
|               |                               |                    |               |                    |   | MCF.                      | /Dav: Hours f     | lowed                 | Choke Size              |
| <b>Tubing</b> | (FOOT                         |                    | nting Reco    |                    |   |                           |                   |                       |                         |
| Size          | •                             | Feet               | Sax           |                    |   |                           |                   |                       | Hours flowed            |
|               | /4                            | 202                | 1.00          | li .               |   | cf Testing:               |                   |                       |                         |
| 9 5/          | 8                             | 905                | 400           |                    |   |                           |                   |                       |                         |
| 7             | 5                             | 918                | 700           | Acid or Fractions  | Treatment                               | (Give amounts of retarted | of materials t    | used, such as a       | acid, water, oil, and   |
| 2             | 5                             | 073                |               |                    |   | O Date firs               |                   |                       |                         |
| <u> </u>      |                               |                    | <del></del>   | =                  |   |                           |                   |                       |                         |
|               |                               |                    |               | L                  |   |                           | -                 |                       |                         |
| Remarks       |                               | Dual               | Compl         | Gas Transporte     | cker set                                | at 5775                   |                   |                       | \                       |
|               |                               | 4 11               |               | - and -            |   | 7, 4, 2/                  | (O) - 3)          | <u> </u>              |                         |
| •••••••       |                               | ••••••             |               |                    | •                                       |                           |                   |                       |                         |
| I h           | ereby ce                      | ertify the         | at the info   | rmation given a    | bove is true                            | and complete t            | to the best of    | my knowledge          | ŧ.                      |
|               |                               |                    |               |                    |   | Cacty                     | us Drill          | ing Comp              | any                     |
| pp            |                               |                    | )             |                    | <b>,</b>                                | 1                         | (Comp             | any or Operator       | r) 6                    |
|               | OJŁ C                         | onser              | VATION        | COMMISSION         | 4                                       | By:/ Ve                   | 0/1/              | /) (e                 | fler                    |
| /             | ///                           | 1/                 |               | /                  |   | ** *                      |                   | (Signature)           |                         |
| By:           |                               | [                  | ,/,/          | r                  | *************************************** | Title Vic                 | e-rresid          | ent<br>cations regard | ing well to:            |
| Title         |                               |                    |               |                    |   | Ser<br>Name Cact          | tus Dril          | ling Com              | pany                    |
| . IUC         | ••••••                        |                    | ••••••••      | ·····              | ******                                  |                           |                   |                       |                         |
|               | ••••••                        |                    | ·····         |                    |   |                           |                   |                       | bbs. N.M.               |