

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.

Farmington, New Mexico, December 14, 1959
(Place) (Date)

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

TEXACO Inc.

(Company or Operator)

State of New Mexico

Gas Unit "D" (Lease)

Well No. **1**, in **SW** $\frac{1}{4}$ **SW** $\frac{1}{4}$,

M, Sec. **32**

Unit Letter

T 29-N, R. **10-W**, NMPM., **Aztec-Pictured Cliffs** Pool

San Juan

County. Date Spudded **8-8-59** Date Drilling Completed **8-12-59**

Please indicate location:

Elevation **5732' DF** Total Depth **2087' DF** PBD **2010' DF**

Top ~~XX~~/Gas Pay **1910** Name of Prod. Form. **Pictured Cliffs**

PRODUCING INTERVAL -

Perforations **1910' to 1948'**

Open Hole **--** Depth **--** Casing Shoe **--** Tubing **--**

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 load oil used): **--** bbls. oil, **--** bbls water in **--** hrs, **--** min. Size **--** Choke

GAS WELL TEST -

Natural Prod. Test: **--** MCF/Day; Hours flowed **--** Choke Size **--**

Tubing, Casing and Cementing Record

Method of Testing (pitot, back pressure, etc.): **--**

Size	Feet	Size
8-5/8"	200	200
4-1/2"	2087	150
2-3/8"	1890	

Test After Acid or Fracture Treatment: **1249** MCF/Day; Hours flowed **3**

Choke Size **3/4** Method of Testing: **Multi-Point Back Pressure Test**

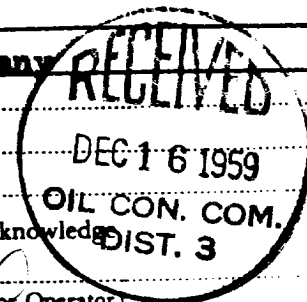
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **30,000 gallons of water and 30,000# sand**

Casing **--** Tubing **90#** Press. **--** Press. **90#** Tested **12-7-59**

Oil Transporter **--**

Gas Transporter **El Paso Natural Gas Company**

Remarks:



I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved **DEC 16 1959**, 19____

OIL CONSERVATION COMMISSION

Original Signed Emery C. Arno

Supervisor Dist. # **3**

Title _____

TEXACO Inc.
(Company or Operator)

By: *[Signature]*
(Signature)

Title **District Superintendent**

Send Communications regarding well to:

Name **TEXACO Inc.**

Address **Box 817, Farmington, N. Mex.**

