

**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

T 29-N, R 10-W, NMPM, **Fruitland-Undesignated** Pool

Unit Letter

**San Juan**

County. Date Spudded 8-8-59

Date Drilling Completed 8-12-59

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

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top ~~Oil~~/Gas Pay 1740 Name of Prod. Form. **Fruitland**

PRODUCING INTERVAL -

Perforations 1740' to 1760'

Open Hole -- Depth 2087 Casing Shoe 1810' Depth Tubing 1810'

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**

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

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

Test After Acid or Fracture Treatment: 2,513 MCF/Day; Hours flowed --

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): 500 gal. mud acid, 20,000 gal. water & 20,000# sand

Casing Press. 192 Tubing Press. -- ~~XXXXXXXXXX~~ Tested 11-30-59

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**

By: **Original Signed Emery C. Arnold**

Title Supervisor Dist. # 3

**TEXACO Inc.**  
(Company or Operator)

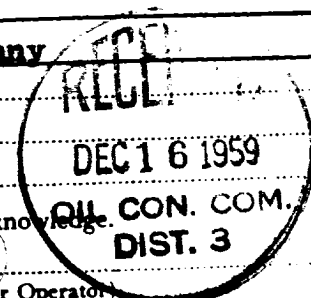
By: [Signature]  
(Signature)

Title **District Superintendent**

Send Communications regarding well to:

Name **TEXACO, Inc.**

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



~~CONFIDENTIAL~~

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