

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 QUADRUPPLICATE 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. **TEXACO Inc.**

P. O. Box 352, Midland, Texas, May 23, 1960  
(Place) (Date)

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

**TEXACO Inc.** (Company or Operator)  
**W. L. Stephen Estate** (Lease), Well No. **2**, in **NW**  $\frac{1}{4}$  **NW**  $\frac{1}{4}$ ,  
**D**, Sec. **19**, T. **24-S**, R. **38-E**, NMPM., **Dollarhide (Queen)** Pool  
Unit Letter **Lea**

County **Lea** Date Spudded **Nov. 3, 1957** Date Drilling Completed **Dec. 22, 1957**  
Elevation **3167'** Total Depth **6820'** FBTC **6798'**

Please indicate location:

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

Top Oil ~~Pay~~ **3701'** Name of Prod. Form. **Queen**

PRODUCING INTERVAL -

Perforations **3701' to 3708', 3716' to 3731', and 3734' to 3754'.**

Open Hole **None** Depth **6,820'** Casing Shoe **3750'**

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **88** bbls. oil, **0** bbls. water in **8** hrs, **0** min. Choke Size **20/64"**

GAS WELL TEST -

Natural Prod. Test: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8"	339	400
8-5/8"	3,235	2000
5-1/2"	6,820	400
2-3/8"	3,740	

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): **See remarks**

Casing **450** Tubing **550** Date first new oil run to tanks **May 19, 1960**

Oil Transporter **Permian Oil Co. (Trucks)**

Gas Transporter **El Paso Natural Gas**

Remarks: **Perforate 5-1/2" O.D. casing from 3701' to 3708', 3716' to 3731', and 3734' to 3754'. Acidize with 500 gals 15% acid at 4 BPM. Frac with 15,000 gals refined oil and 22,500 lbs sand at 11.2 BPM.**

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved \_\_\_\_\_, 19\_\_\_\_

**TEXACO Inc.**

(Company or Operator)

By: \_\_\_\_\_  
(Signature)

Title **Assistant District Superintendent**

Send Communications regarding well to:

Name **J. G. Blevins, Jr.**

Address **P.O. Box 352, Midland, Texas**

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

Title \_\_\_\_\_