

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

THIS WELL IS IN THE COTTON DRAW UNIT

New Well
Recompletion

This form may 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.

TEKACO Inc., P.O. Box 352, Midland, Texas **February 14, 1961**
(Place) (Date)

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

TEKACO Inc. **K.F. Ray-Federal "B"**, Well No. **2**, in **SE** $\frac{1}{4}$ **NW** $\frac{1}{4}$,
(Company or Operator) (Lease)
F **10**, Sec. **10**, T. **25-S**, R. **32-E**, NMPM., **Paducah-Delaware** Pool
Unit Letter

Lea County. Date Spudded **2-2-61** Date Drilling Completed **2-8-61**

Please indicate location:

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

Elevation **462'** Total Depth **4791'** PBD **4763'**

Top Oil/Sec Pay **4712'** Name of Prod. Form. **Delaware Sand**

PRODUCING INTERVAL -

Perforations **4712' to 4714', 4716' to 4721', 4727' to 4732'**

Open Hole **None** Depth **4790'** Depth Casing Shoe **4740'**

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): **42** bbls. oil, **24** bbls water in **12** hrs, **0** min. Size **2 1/2"** Choke

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): **See remarks**

Casing Tubing Date first new **February 12, 1961**
Press. **Swab** Press. **Swab** oil run to tanks

Oil Transporter **The Permian Corporation**

Gas Transporter **None**

Remarks: **Perforate 4-1/2" O.D. casing 4712' to 4714', 4716' to 4721', and 4727' to 4732' with 2 jet shots per ft. Acidise with 250 gals 15% LST HNA, 250 gals Gelled acid and 250 lbs. crushed naphthalene. Re-acidise with 250 gals LST HNA.**

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

Approved _____, 19_____

TEKACO Inc.

(Company or Operator)

By **W.B. Hubbard**

(Signature)

OIL CONSERVATION COMMISSION

By: **Lester J. Clement** Title: **Assistant District Superintendent**

Send Communications regarding well to:

Title _____ Name: **W. B. Hubbard**