

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 **May 23, 1960**
(Place) (Date)

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

TEXACO Inc. **Federal-State Unit** Well No. **1**, in **SW** $\frac{1}{4}$ **SE** $\frac{1}{4}$,
(Company or Operator) (Lease)

0 Sec. **32** T. **30-N** R. **11-W** NMPM. **Undesignated - Dakota** Pool
Unit Letter

San Juan

County. Date Spudded **4-1-60** Date Drilling Completed **4-23-60**
Elevation **5895' DF** Total Depth **6880'** PBD **6794'**

Please indicate location:

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

Top ~~XXX~~/Gas Pay **6548'** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL -

Perforations **6548' to 6554' and 6610' to 6642'**

Open Hole **--** Depth **6880'** Depth **6622'**
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 Choke load oil used): **--** bbls. oil, **--** bbls water in **--** hrs, **--** min. Size **--**

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	273	200
4-1/2	6880	1100
2-3/8	6622	--

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

Test After Acid or Fracture Treatment: **2.491** MCF/Day; Hours flowed **3**

Choke Size **3/4"** Method of Testing: **Back Pressure**

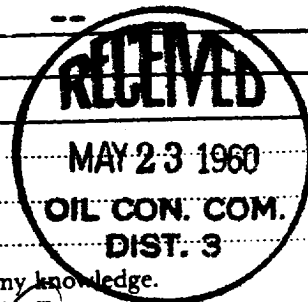
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **200 gals. acid, 50,000 gals water & 50,000# sand**

Casing **491** Tubing **183** Date first new **--**
Press. Press. oil run to tanks

Oil Transporter **SI**

Gas Transporter

Remarks:



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

Approved **MAY 23 1960**, 19

OIL CONSERVATION COMMISSION

Original Signed By

By: **A. R. KENDRICK**

Title **PETROLEUM ENGINEER DIST. NO. 3**

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

Title **District Superintendent**
Send Communications regarding well to:

Name **TEXACO Inc.**
Address **P. O. Box 817, Farmington, N. M.**

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OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
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