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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 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.

Farmington, New Mexico **9-1-64**
(Place) (Date)

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

TEXACO Inc., State of New Mex. Unit "J", Well No. **1**, in **NE** $\frac{1}{4}$ **SE** $\frac{1}{4}$,
(Company or Operator) (Lease)
I, Sec. **32**, T. **30-N**, R. **10-W**, NMPM., **Basin Dakota** Pool

Unit Letter
San Juan

County. Date Spudded **7-6-64** Date Drilling Completed **7-26-64**
Elevation **6045'** Total Depth **7048'** PBDT
6882' Name of Prod. Form. **Dakota**
Top Oil/Gas Pay _____

Please indicate location:

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

PRODUCING INTERVAL -

Perforations **6882'-6914'**, **6942'-6944'**, **6954'-6956'**, **7028-7034'**
Open Hole **7035-7048'** Depth **7035** Depth **6905'**
Casing Shoe **7035** 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 _____
Method of Testing (pitot, back pressure, etc.): _____
Test After Acid or Fracture Treatment: **2,719** 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): **70,000 gallons of water and 70,000# of sand**

Casing _____ Tubing **1895** Date first new
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter _____

Remarks: **All measurements from derrick floor, 13' above ground.**

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

Approved: **SEP 3 1964**, 19____

OIL CONSERVATION COMMISSION

Original Signed By

By: **A. R. KENDRICK**

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

By: _____
(Signature)

Acting District Superintendent

Title: Send Communications regarding well to:

Name: **TEXACO Inc.**

Address: **Box 810, Farmington, New Mexico**

