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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 **Dec. 4, 1963**
(Place) (Date)

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

TEXACO Inc., State of New Mexico Unit "L", Well No. **1**, in **NE** $\frac{1}{4}$ **SE** $\frac{1}{4}$,
(Company or Operator) (Lease)

I, Sec. **36**, T. **30-N**, R. **13-W**, NMPM, **Basin Dakota** Pool
Unit Letter

San Juan

Please indicate location:

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

2500' FEL & 1190' FEL
(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Size
7 5/8	638	130
4 1/2	6380	180
2 3/8	6060	---

County. Date Spudded **10-14-63** Date Drilling Completed **10-30-63**
Elevation **5563'** Total Depth **6330** PBD **6060**

Top Oil/Gas Pay **6115** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL -

Perforations **6115-6133, 6179-6228, 6266-6281**

Open Hole **---** Depth **6330** Casing Shoe **6330** Depth **6300** Tubing

OIL WELL TEST -

Natural Prod. Test: **---** bbls. oil, **---** bbls water in **---** hrs, **---** min. Choke Size **---**

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: **None** MCF/Day; Hours flowed **---** Choke Size **---**

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

Test After Acid or Fracture Treatment: **6830** MCF/Day; Hours flowed **3**

Choke Size **1/4"** Method of Testing: **Back Pressure**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **250 Gal. Acetic Acid, 87000 Gal. wtr., 1 pt sand per gal wtr.**

Casing **---** Tubing **---** Date first new **---**
Press. **2111** Press. **2110** oil run to tanks **Gas tested 11-14-63**

Oil Transporter **---**

Gas Transporter **---**

Remarks: **All measurements from derrick floor or 19' above ground**

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved **DEC 12 1963**, 19 **TEXACO Inc.** (Company or Operator)

OIL CONSERVATION COMMISSION
Original Signed By

By: **A. R. KENDRICK**

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

By: **C. P. Lamm** (Signature)

Title **District Superintendent**

Send Communications regarding well to:

Name **TEXACO Inc.**

Address **Box 810, Farmington, N.M. 88402**

