

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

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, N.M. December 12, 1963

(Place)

(Date)

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

TEXACO Inc. **Horseshoe Gallup**, Well No. **276**, in **NW** $\frac{1}{4}$ **NW** $\frac{1}{4}$,
(Company or Operator) (Lease)
D, Sec. **21**, T. **31-N**, R. **16-W**, NMPM, **Many Rocks** Pool
Unit Letter

San Juan

Please indicate location:

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

County **San Juan** Date Spudded **10-17-63** Date Drilling Completed **11-12-63**

Elevation **5729'** Total Depth **1844'** PBDT **1832'**

Top Oil/Gas Pay **1640'** Name of Prod. Form. **Gallup**

PRODUCING INTERVAL -

Perforations **1640' to 1643' and 1774' to 1781'**

Open Hole **--** Depth **--** Casing Shoe **1842** Depth **--** Tubing **1830**

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): **72** bbls. oil, **--** bbls water in **24** hrs, **--** min. Size **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): **30,000 gallons of oil and 30,000 # of sand**

Casing Tubing Date first new Press. **30#** **30#** oil run to tanks **12-3-63**

Oil Transporter **McWood Corporation**

Gas Transporter **None**

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved **DEC 12 1963**, 19

OIL CONSERVATION COMMISSION
Original Signed By

By: **A. R. KENDRICK**

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

TEXACO Inc.

(Company or Operator)

By:

District Superintendent

Title

Send Communications regarding well to:

Name

TEXACO Inc.

Box 810, Farmington, N.M.

