

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. TEXACO Inc.

P. O. Box 728 - Hobbs, New November 21, 1961
(Place) (Date)

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

TEXACO Inc. V. M. Henderson, Well No. 6, in NE 1/4 NW 1/4,
(Company or Operator) (Lease)
C, Sec. 30, T 21-S, R 37-E, NMPM, Undesignated (Paddock) Pool
Unit Letter

Lea

Please indicate location:

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

County Date Spudded September 16, 1961 Date Drilling Completed October 18, 1961

Elevation 3504' (D.F.) Total Depth 6700' PBD None

Top Oil/33% Pay 5158' Name of Prod. Form. Paddock

PRODUCING INTERVAL -

Perforations 5158' to 5168'

Open Hole 6550' to 6700' Depth Casing Shoe 6531' Depth Tubing 5127'

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 load oil used): 90 bbls. oil, 1.5 bbls water in 16 hrs, 0 min. Choke Size 18/64

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 Press. Packer Press. 175 oil run to tanks November 5, 1961

Oil Transporter Shell Pipe Line - Box 1910, Midland, Texas

Gas Transporter None

Remarks: Perforate 5-1/2" O.D. Casing with 2 jet shots per ft. 5158' to 5168'.
Acidize with 500 Gals 15% LST NEA.

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

Approved _____, 19. _____ TEXACO Inc.

(Company or Operator)

By: W. B. Hubbard
(Signature)

Title: District Superintendent

Send Communications regarding well to:

Name: W. B. Hubbard

Address: P. O. Box 728 - Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title: _____