

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.

Midland, Texas
(Place)

1-15-60
(Date)

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

Texas Crude Oil Company Carter "A" Well No. 2-19 in SW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

M Sec. 19 T. 20-S R. 39-E NMPM. D-K Abo Pool
Unit Letter

Lea

County. Date Spudded 12-10-59 Date Drilling Completed 1-2-60

Please indicate location:

Elevation 3058 GL Total Depth 7485 FBTD 7450

Top Oil/Gas Pay 7246 Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations 7246-80' and 7308-7410' w/4 shots per ft.

Open Hole _____ Depth _____ Casing Shoe 7472 Depth _____ Tubing 7311

OIL WELL TEST -

Natural Prod. Test: show 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). 173.9 bbls. oil, 10 bbls water in 24 hrs, 0 min. Size 24/64"

GAS WELL TEST -

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

Tubing, Casing and Cementing Record
Size Feet Sax

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): 1000 gals. Spearhead acid, Frac 20,000 gals. acid, 20,750# sand.

Casing _____ Tubing _____ Date first new _____

Press. 1500 Press. 5600 oil run to tanks Jan. 9, 1960

Oil Transporter Cities Service Oil Co. (Trks.) Box 272, Odessa, Texas

Gas Transporter None

Remarks: _____

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

Approved: _____, 19_____

Texas Crude Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: J. P. Howard
(Signature)

By: _____

Title: Division Superintendent
Send Communications regarding well to:

Title: _____

Name: Texas Crude Oil Company

Address: 1201 V & J Tower, Midland, Texas