

# 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 Mexico February 5, 1962

(Place) (Date)

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

TEXACO Inc., Leo R. Manning Federal "B" Well No. 1, in SE 1/4 SW 1/4, (Company or Operator) (Lease)

N 1/4 Sec. 27, T 18-S, R 30-E, NMPM, Undesignated

County Date Spudded Oct. 6, 1961 Date Drilling Completed Oct. 16, 1961

Elevation 3439' (D.F.) Total Depth 3450' PBTD 3420'

Top Oil Pay 2767' Name of Prod. Form. Grayburz

## PRODUCING INTERVAL -

Perforations See remarks

Open Hole None Depth Casing Shoe 3449' Depth Tubing 3449'

## OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 8 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size Pump

## 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. -- Press. -- oil run to tanks February 2, 1962

Oil Transporter McWood Corporation (Trucks)

Gas Transporter None (To be Connected Later)

## Tubing, Casing and Cementing Record

Size	Feet	Sax
5/8"	571	300
7/8"	3449	680

Remarks: See attached

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FEB - 8 1962

I hereby certify that the information given above is true and complete to the best of my knowledge.  
Approved FEB 8 1962, 19

OIL CONSERVATION COMMISSION

By: M. L. Armstrong  
Title: OIL AND GAS INSPECTOR

TEXACO Inc. O. C. C. ARTESIA, OFFICE  
(Company or Operator)  
By: [Signature]  
(Signature)

Title: Assistant District Superintendent  
Send Communications regarding well to:

Name: H. N. Wade

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

Leo R. Manning Federal "B" NCT-1

Perforate 2 7/8" O.D. casing with 1 jet shot per ft. 2767' to 2771', 2779' to 2789', 2876' to 2885', 2958' to 2962', 2967' to 2971', 2978' to 2984', 3021' to 3025', 3128' to 3132', 3214' to 3220', and 3281' to 3292'. Acidize with 1000 gals LST NEA, frac with 30,000 gals refined oil and 30,000 lbs sand. Set BP at 3007' and frac perforations 2767' to 2984' with 10,000 gals refined oil and 11,000 lbs sand. Recover load oil and test.

OIL CONSERVATION COMMISSION	
ARTEZIA DISTRICT OFFICE	
No. Copies Received	4
DISTRIBUTION	
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ARTIA P.	/
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U. S. G. S.	
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UNIT LETTER	SECTION	TOWNSHIP	RANGE	COUNTY
N	27	18-S	30-E	Eddy

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

## CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORM C-110  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>TEXACO Inc.</b>				Lease <b>"E" NCT-1 Leo R. Manning Federal</b>		Well No. <b>1</b>
Unit Letter <b>N</b>	Section <b>27</b>	Township <b>18-S</b>	Range <b>30-E</b>	County <b>Eddy</b>		
Pool <b>Undesignated</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>		
If well produces oil or condensate give location of tanks			Unit Letter <b>N</b>	Section <b>27</b>	Township <b>18-S</b>	Range <b>30E</b>
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>  <b>McWood Oil Corporation (Trucks)</b>				Address (give address to which approved copy of this form is to be sent)  <b>3rd Floor V &amp; J Tower Building Midland, Texas</b>		

Is Gas Actually Connected? Yes \_\_\_\_\_ No ☒ \_\_\_\_\_

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> * <b>None</b>	Date Connected	Address (give address to which approved copy of this form is to be sent)
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If gas is not being sold, give reasons and also explain its present disposition:

\* To be connected later.

REASON(S) FOR FILING (please check proper box)

New Well **New Well** ☒ Change in Ownership ☐  
 Change in Transporter (check one) Other (explain below)  
 Oil ☐ Dry Gas ☐  
 Casing head gas ☐ Condensate ☐

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**FEB - 8 1962**

**O. C. C.  
ARTESIA, OFFICE**

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 6th day of February, 19 62.

OIL CONSERVATION COMMISSION

Approved by

Title

Date

By

Title

Company

Address

**312 AND GAS INSPECTOR**

**TEXACO Inc.**

**PO Box 728 - Hobbs, New Mexico**

**FEB 8 1962**