

REQUEST FOR (OIL) - (GAS) ALLOWABLE NOV 13 1964 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. TEXACO Inc. - P. O. Box 728

Hobbs, New Mexico - November 9, 1964

(Place)

(Date)

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

TEXACO Inc. L. R. Manning Federal "G" NCT-1, Well No. 19, in. NW 1/4 NW 1/4,  
(Company or Operator) (Lease)

D, Sec. 27, T. 18-S, R. 30-E, NMPM., North Benson Queen Pool  
Unit Letter

Eddy

County. Date Spudded Oct. 20, 1964 Date Drilling Completed Oct. 28, 1964

Elevation 3472' (D. F.) Total Depth 3400' PBTD 3366'

Top Oil/Sec Pay 2750' Name of Prod. Form. Grayburg

PRODUCING INTERVAL - 2750', 2754', 2956', 2969', 3252', 3271', and 3278'.

Perforations

Open Hole NONE Depth Casing Shoe 3400' Depth Tubing 2800'

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): 46 bbls. oil, 0 bbls. water in 24 hrs, 0 min. Size 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): See Remarks

Casing Press. --/ Tubing Press. -- Date first new oil run to tanks November 4, 1964.

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter Phillips Petroleum Company

Remarks Perforate 4 1/2" Casing with one jet shot at 2750', 2754', 2956', 2969', 3252', 3271', and 3278'. Acidize with 2150 Gals 15% NE in 8 stages with 7 ball sealers between stages. Frac with 30,000 gals refined oil, and 45,000 lbs. sand.

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

Approved NOV 13 1964, 19.

TEXACO Inc.  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title OIL AND GAS INSPECTOR

By: H. D. Raymond  
(Signature)

Title Assistant District Superintendent  
Send Communications regarding well to:

Name H. D. Raymond

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

OIL CONSERVATION COMMISSION		
ARTESIA DISTRICT OFFICE		
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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>L.R. Manning Fed "B" NCT-1</b>		Well No. <b>19</b>	
Unit Letter <b>D</b>	Section <b>27</b>	Township <b>18-S</b>	Range <b>30-E</b>	County <b>Eddy</b>			
Pool <b>North Benson Queen</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>P</b>	Section <b>28</b>	Township <b>18-S</b>	Range <b>30-E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Texas-New Mexico Pipe Line Company</b>				Address (give address to which approved copy of this form is to be sent) <b>P. O. Box 1510 Midland, Texas</b>			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>			Date Connected <b>11-10-64</b>	Address (give address to which approved copy of this form is to be sent) <b>P. O. Box 6666 Odessa, Texas</b>			

If gas is not being sold, give reasons and also explain its present disposition:

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

New Well **NEW WELL** ☒  
Change in Transporter (check one)  
Oil ☐ Dry Gas ☐  
Casing head gas ☐ Condensate ☐

Change in Ownership ☐  
Other (explain below)

**RECEIVED**

**NOV 13 1964**

**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 **11** day of **November**, 19 **64**.

**OIL CONSERVATION COMMISSION**

Approved by

Title

Date

By

Title

Company

Address

*H. D. Raymond*

**H. D. Raymond  
Assistant District Superintendent**

**TEXACO Inc.**

**P. O. Box 728  
Hobbs, New Mexico**

**OIL AND GAS INSPECTOR**

**NOV 13 1964**