

# 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 352, Midland, Tex., December 8, 1959  
(Place) (Date)

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

TEXACO Inc. St. of N.M. "CK" NCT-1 Well No. 1, in SW 1/4 NW 1/4,  
(Company or Operator) (Lease)  
E, Sec. 36, T 18-S, R 31-E, NMPM., Shugart Pool  
Unit Letter

Eddy

Please indicate location:

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

County. Date Spudded Oct. 22, 1959 Date Drilling Completed Nov. 3, 1959  
Elevation 3651' (G.L.) Total Depth 4000' PBTD 3978'

Top Oil/3622' Name of Prod. Form. Queen

## PRODUCING INTERVAL -

Perforations See Remarks

Open Hole None Depth 4000' Casing Shoe 3938'

## 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): 40 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size Choke 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. None Press. Pump oil run to tanks December 6, 1959

Oil Transporter Texas-New Mexico Pipe Line

Gas Transporter None (TEST)

Remarks: Perforate 5 1/2" O.D. Casing from 3622' to 3640', 3730' to 3756', 3804' to 3812', 3858' to 3864', 3908' to 3936' with 4 Jet shots per foot. Acidize with 500 Gals. Mud Acid, followed with 100 Gals. Control Flow with 24 Bbls. Loe. Grade and 500 Gals. 15% Acid.

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

Approved December 8, 1959

TEXACO Inc.

(Company or Operator)

By:

(Signature)

Title Assistant District Superintendent

Send Communications regarding well to:

Name J. G. Elovins, Jr.

Address P. O. Box 352, Midland, Texas

OIL CONSERVATION COMMISSION

By:

Title

OIL AND GAS INSPECTOR

OIL CONSERVATION COMMISSION		
ARIZONA DISTRICT OFFICE		
No. Copies Furnished		
DATE		
	NO.	DATE
ADMINISTRATOR		
SANTA FE		
PROMOTION OFFICE		
STATE LAND OFFICE		
U. S. G. S.		
TRANSPORTER		
FILE	1	✓
BUREAU OF MINES		

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

Form C-110  
Revised 7/1/55 D

(File the original and 4 copies with the appropriate district office)

DEC 11 1959

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

O. C. C.  
ARTESIA, OFFICE

Company or Operator TEXACO Inc. Lease St. of N.M. "CK" MET-1

Well No. 1 Unit Letter T S 36 T 18-S R 31-E Pool Shugart ✓

County Eddy Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit 2 S 36 T 18-S R 31-E

Authorized Transporter of Oil or Condensate Texas New Mexico Pipe Line

Address P. O. Box 1510, Midland, Texas  
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas \*None

Address \_\_\_\_\_ Date Connected \_\_\_\_\_  
(Give address to which approved copy of this form is to be sent)

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

\* TSTM

Reasons for Filing: (Please check proper box) New Well New Well X

Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head ( ) Condensate ( )

Change in Ownership ( ) Other ( )

Remarks: \_\_\_\_\_ (Give explanation below)

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

Executed this the 8th day of December 1959

By [Signature]

Title Assistant District Superintendent

Company TEXACO Inc.

Address P. O. Box 352

Midland, Texas

OIL CONSERVATION COMMISSION

By [Signature]

Title OIL AND GAS INSPECTOR

OIL CONSERVATION COMMISSION		
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