

REQUEST FOR (OIL) - (GAS) ALLOWABLE

MAR 3 1960
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 submitted. 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 Seaboard Inc., P.O. Box 352 Midland, Texas March 28, 1960**

(Place)

(Date)

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

Texaco Seaboard Inc. B.I. Hansen Federal, Well No. **2**, in **NE** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

J

Sec. **3**

T. **19-S**

R. **31-E**

NMPM., **Shugart**

Pool

Unit Lester

Eddy

County. **Da** Spudded **March 1, 1960** Date Drilling Completed **March 13, 1960**

Elevation **3614 DF** Total Depth **3900** FBTD **3879**

Top Oil/Gas Pay **3377** Name of Prod. Form. **Penrose**

PRODUCING INTERVAL -

Perforations **3377 to 3383, 3387 to 3392, 3395 to 3404, 3616 to 3620, 3642 to 3650**
Open Hole **None** Depth **None** Casing Shoe **3900** Depth **3350** Tubing

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): **70** bbls. oil, **15** bbls water in **24** hrs, **0** min. Size **Pump** Choke

GAS WELL TEST -

Natural Prod. Test: **None** 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: **Gas - TEST**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **See Remarks**

Casing **Pump** Tubing **--** Date first new oil run to tanks **March 23, 1960**
Press. **Pump** Press. **--**

Oil Transporter **McWood Corporation, Midland, Texas**

Gas Transporter **None**

Remarks: **Perforate 4-1/2" O.D. casing from 3377' to 3383', 3387' to 3392', 3395' to 3404', 3616' to 3620', 3642' to 3650'. Frac with 15,000 gals refined oil and 30,000 lbs sand at 21.2 BPM.**

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

Approved: **MAR 31 1960**, 19 **60**

Texaco Seaboard Inc.

(Company or Operator)

By: **[Signature]**

(Signature)

Title **Assistant District Superintendent**
Send Communications regarding well to:

Name **J. G. Shivers, Jr. C. P. FARMER**

Address **P. O. Box 352, Midland, Texas**

OIL CONSERVATION COMMISSION

By: **[Signature]**

Title **OIL AND GAS INSPECTION**

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BUREAU OF MINE	✓

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

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

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Texaco Seaboard Inc. Lease B.A. Hansen Federal

Well No. 2 Unit Letter J S 3 T 19-S R 31-E Pool Shugart

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

If well produces oil or condensate, give location of tanks: Unit K S 3 T 19-S R 31-E

Authorized Transporter of Oil or Condensate McWood Corporation

Address 306 V & J Tower Building, 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:

None

Reasons for Filing: (Please check proper box) New Well Yes ☒ 1

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 28th day of March 19 60

Approved MAR 28 19 60

By [Signature] Title Assistant District Superintendent

Company Texaco Seaboard Inc.

Address P. O. Box 352

Midland, Texas

OIL CONSERVATION COMMISSION

By M. L. Armstrong

Title Oil and Gas Inspector

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