

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
PROGRATION OFFICE	
OPERATOR	

CONFIDENTIAL
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.

Farmington, New Mexico, June 30, 1964

(Place)

(Date)

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

TEXACO Inc. **Navajo Tribe "AL"** Well No. **2** in **SE** 1/4 **SE** 1/4,

(Company or Operator)

(Lease)

P Sec. **28** T. **26-N** R. **18-W** NMPM, **Undesignated-Paradox** Pool

Unit Letter

San Juan

County. Date Spudded **5-17-64** Date Drilling Completed **6-14-64**

Elevation **5763' RT** Total Depth **6500** PBD **6350'**

Please indicate location:

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

Top Oil/Gas Pay **6314'** Name of Prod. Form. **Paradox**

PRODUCING INTERVAL -

Perforations **6314' to 6318'**

Open Hole _____ Depth **6428'** Casing Shoe _____ Depth **6330'** Tubing _____

OIL WELL TEST -

Natural Prod. Test: **99** bbls. oil, **0** bbls water in **24** hrs, **0** min. Size **1"** Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ 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): **None**

Casing Press. **Pkr.** Tubing Press. **15#** Date first new oil run to tanks **6-18-64**

Oil Transporter **McWood Corp**

Gas Transporter **None**

Remarks: **No gas line connection available.**

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

Approved **JUN 30 1964**

June 30, 1964

TEXACO Inc.

(Company or Operator)

By: *[Signature]* (Signature)

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

Name **TEXACO Inc.**

Address **Box 810, Farmington, N.M.**

OIL CONSERVATION COMMISSION
 Original Signed Emery C. Arnold

By: _____

Title **Supervisor Dist. # 3**

