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NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)  
Revised 7/1/57

Santa Fe, New Mexico

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 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.

**Farmington, New Mexico 9-1-64**

(Place)

(Date)

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

**TEXACO Inc. State of N.M. Unit "J"**, Well No. **1**, in **NE**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

**I**, Sec. **32**, T. **30-N**, R. **10-W**, NMPM, **Aztec Pictured Cliffs** Pool

Unit Letter

**San Juan**

County. Date Spudded **7-6-64** Date Drilling Completed **7-26-64**

Please indicate location:

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

Elevation **6045'** Total Depth **7048'** PBTD

Top Oil/Gas Pay **2476'** Name of Prod. Form. **Pictured Cliffs**

PRODUCING INTERVAL -  
Perforations **2476' to 2508'**

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Depth **2492'**  
Casing Shoe \_\_\_\_\_ Tubing \_\_\_\_\_

OIL WELL TEST -  
Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_  
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

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: **728** MCF/Day; Hours flowed **3**  
Choke Size **3/4** Method of Testing: **Back pressure**

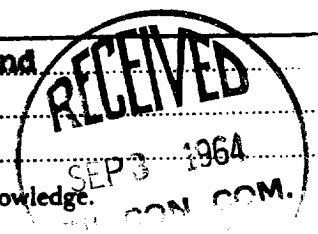
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **30,000 gallons of water and 30,000 of sand**

Casing **635** Tubing **635** Date first new  
Press. \_\_\_\_\_ Press. \_\_\_\_\_ oil run to tanks \_\_\_\_\_

Oil Transporter \_\_\_\_\_

Gas Transporter \_\_\_\_\_

Remarks: **All measurements from derrick floor, 13' above ground**



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

Approved: **SEP 3 1964**, 19\_\_\_\_

**TEXACO Inc.**

(Company or Operator)

By: \_\_\_\_\_ (Signature)

Title: **Acting District Superintendent**

Send Communications regarding well to:

Name: **TEXACO Inc.**

Address: **Box 810, Farmington, N.M. 87401**

OIL CONSERVATION COMMISSION

Original Signed By

By: **A. R. KENDRICK**

Title: **PETROLEUM ENGINEER DIST. NO. 3**