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# NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mex

(Form C-10)  
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. **TEXACO Inc.**

Box 352, Midland, Texas, September 2, 1960  
(Place) (Date)

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

**TEXACO Inc.** (Company or Operator) **U. D. Sawyer** (Lease), Well No. **4**, in **SW**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$ ,

**O** Sec. **34**, T. **9-S**, R. **36-E**, NMPM., Undesignated Pool

Lea

Please indicate location:

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

County. Date Spudded **April 4, 1960** Date Drilling Completed **June 9, 1960**

Elevation **4031' (D.F.)** Total Depth **12,400'** PBD **12,068'**

Top Oil/Gas Pay **11,834'** Name of Prod. Form. **Mississippian**

PRODUCING INTERVAL -

Perforations **11,834' to 11,880', 11,924' to 11,936', and 11,990' to 11,996'**

Open Hole **None** Depth **12,400'** Casing Shoe **11,800'** Tubing **11,800'**

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 Choke load oil used): **100** bbls. oil, **40** bbls. water in **24** hrs, **0** min. Size **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. **Kobe** Press. **Pump** oil run to tanks **September 1, 1960**

Oil Transporter **Magnolia Pipe Line**

Gas Transporter **None**

Remarks: **Perforate 5 1/2" casing with 2 jet shots per ft. 11,990' to 11,996'**

**Acidize with 1000 gals. 15% acid, re-acidize with 3000 gals. 15% acid. Perforate with 4 jet shots per ft 11,924' to 11,936' acidize with 1000 gals 15% acid, re-acidize with 3000 gals. acid. Perforate with 4 jet shots 11,834' to 11,880'.**

**Acidize with 1000 gals. 15% LST-NEA**

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

Approved \_\_\_\_\_, 19\_\_\_\_

**TEXACO Inc.**

(Company or Operator)

By: \_\_\_\_\_

(Signature)

Title **Asst. Dist. Supt.**

Send Communications regarding well to:

Name **J. G. Blevins, Jr.**

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

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

Title \_\_\_\_\_