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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. TEXACO Inc. - P. O. Box 728

Hobbs, New Mexico October 8, 1964

(Place)

(Date)

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

TEXACO Inc. State of New Mexico "CT" Well No. 1, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)

A, Sec. 35, T. 7-S, R. 35-E, NMPM, Tod San Andres (GAS) Pool
Unit Letter

Roosevelt

County. Date Spudded Sept. 14, 1964 Date Drilling Completed Sept. 23, 1964

Elevation 4182' (D. F.) Total Depth 4400' PBD 4369'

Please indicate location:

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

Top Oil/Gas Pay 4104' Name of Prod. Form. San Andres

PRODUCING INTERVAL - 4104', 4118', 4147', 4155', 4185', 4190', 4195',
4218', 4236', 4237', and 4243'.

Perforations

Open Hole NONE Depth Casing Shoe 4399' Depth Tubing 4399'

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): _____ 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: 502 MCF/Day; Hours flowed 12

Choke Size 6/64" Method of Testing: Back Pressure

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

Casing Press. - - Tubing Press. 850 Date first new oil run to tanks NONE

Oil Transporter NONE

Gas Transporter SHUT IN GAS WELL (To be connected later)

Remarks: Acidize above perforations with 500 gals acetic acid. Swab well dry. Re-acidize with 2400 gals 15% NE acid in three stages with five ball sealers between each stage. Swab well. Re-acidize with 1500 gals 15% NE acid. Swab well. Acidize with 10,000 gals Kerosene retarded gel with 15% acid in 4 stages with 4 ball sealers between stages.

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

TEXACO Inc.

(Company or Operator)

Approved: _____, 19_____

OIL CONSERVATION COMMISSION

By: _____

Title _____

By: _____
(Signature) H. D. Raymond

Title Assistant District Superintendent

Send Communications regarding well to:

Name H. D. Raymond

Address P. O. Box 728 - Hobbs, New Mexico

I H. D. Raymond being of lawful age and being
the Assistant District Supt. for TEXACO Inc., do state
that the deviation record which appears on this form is
true and correct to the best of my knowledge.

H. D. Raymond
H. D. Raymond

Subscribed and sworn to before me this 8th day of
October, 19 64.

My commission expires October 20, 1966.

Notary Republic R. L. Johnson
for Lea County, State of New Mexico.
Lease State of New Mexico "CT" Well No. 1

Deviation Record

<u>Depth</u>	<u>Degrees Off</u>
360'	1/4
860'	3/4
1368'	1/2
1840'	1/2
2065'	1/2
2365'	1/2
2877'	1/2
2909'	1/2
3236'	1/2
3765'	0
3953'	0
4060'	0
4155'	1/4
4258'	3/4
4369'	3/4
4400'	3/4