

LITTLE LUCKY LAKE UNIT
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 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 flow oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

TEXACO Inc., Midland, Texas, September 17, 1959

(Place)

(Date)

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

TEXACO Inc., Peery-Federal

Well No. **3**, in **NE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,

(Company or Operator)

K Sec. **29**

T. **15-S** R. **30-E**

Little Lucky Lake (Devonian) Pool

Unit Letter

Chaves

County. Date Spudded **June 30, 1959** Date Drilling Completed **September 7, 1959**

Elevation **3953'** Total Depth **11,250'** PBD **11,248'**

Top Oil/Gas Pay **11,056** Name of Prod. Form. **Devonian**

Please indicate location:

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

PRODUCING INTERVAL -

Perforations **11,056' to 11,136'**

Open Hole **None** Depth **11,236'** Depth **11,128'**
Casing Shoe 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): **260** bbls. oil, **No** bbls water in **8** hrs, **0** min. Size **25/64"** Choke

GAS WELL TEST -

Natural Prod. Test: **None** MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size Feet Sax

13 3/8	458	600
9 5/8	2,930	1700
5 1/2	11,250	250
2 3/8	11,128	

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 Press. **750** Tubing Press. **1000** Date first new oil run to tanks **September 12, 1959**

Oil Transporter **Devonian Oil Co**

Gas Transporter _____

Remarks: **Perf. 5 1/2" csg 11,056' to 11,136' with 4 jet shots per foot and acidize with 500 gal reg. 15% acid.**

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

Approved: **September 17, 1959**, 19 **59**

TEXACO Inc.

(Company or Operator)

By: **J. G. Blevins, Jr.**
(Signature)
Title: **Assistant District Superintendent**
Send Communications regarding well to:
J. G. Blevins, Jr.
Name:
P.O. Box 352, Midland, Texas
Address:

OIL CONSERVATION COMMISSION

By: _____

Title: **OIL AND GAS INSPECTOR**

CIL CONSERVATION COMMISSION
ARTIFICIAL REEF

No. _____

DATE OF DEPOSIT _____

NAME OF DEPOSITOR _____

ADDRESS _____

CITY _____

STATE _____

U.S.G.S.

ARTIFICIAL REEF

BUREAU OF MINES