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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-10)
Revised 3/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

RECEIVED
MAR 9 1961
New Mexico
Oil Well
Recompletion
OFFICE

This form shall be submitted by the operator before an initial allowable will be assigned to any completion 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.

TEIACO Inc., P.O. Box 352, Midland, Texas

March 7, 1961

(Place)

(Date)

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

TEIACO Inc.

L. McIntosh Federal

1

SW

SW

, Well No., in. 1/4. 1/4.

(Company or Operator)

(Lease)

N

34

T

15-S

R

30-B

NMPM,

Wildcat

Pool

Unit Letter

Chaves

County. Date Spudded **2-12-61**

Date Drilling Completed **2-22-61**

Elevation **4028' (D.P.)**

Total Depth **3357'** PBD **3327'**

Please indicate location:

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

Top Oil/Gas Pay **3128'**

Name of Prod. Form. **Premier Sand**

PRODUCING INTERVAL -

3128' to 3136'

Perforations

Open Hole **None**

Depth **3356'**

Depth **3147'**

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 load oil used): **43** bbls. oil, **0** bbls water in **7** hrs, **0** min. Size **2 1/2"**

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
7-5/8"	631'	400
4-1/2"	3347'	200
2"	3137'	

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 **450** Tubing **Swab** Date first new **March 3, 1961**
Press. **Swab** oil run to tanks

TEIACO Inc. (Trucks)

Oil Transporter

None

Gas Transporter

Remarks: **Perforate 4-1/2" O.D. casing from 3128' to 3136' with 2 jet shots per ft. Washed same with 10,000 gals refined oil and 15,000 lbs sand at 9.6 RPM.**

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

TEIACO Inc.

Approved: _____, 19____

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

(Signature)

Assistant District Superintendent

Title

Send Communications regarding well to:

J. G. Klevins, Jr.

Name

P.O. Box 352, Midland, Texas