

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - ~~16018~~ 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.

Midland, Texas

January 17, 1962

(Place)

(Date)

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

Texas Crude Oil Company

State

Well No. 1-26

in SW

NE

(Company or Operator)

(Lease)

6

Sec. 26

T. 13-S

R. 33-E

NMPM,

Undesignated

Pool

Unit Letter

See

County. Date Spudded 11-30-61

Date Drilling Completed

1-7-62

Please indicate location:

Elevation 4209 GR

Total Depth 9990'

PBTD 9920'

Top Oil/Gas Pay 9776

Name of Prod. Form. Pennsylvanian

PRODUCING INTERVAL -

Perforations 9776-92, 9810-16', 9824-32', 9844-52'.

Open Hole None

Depth

Casing Shoe 9990

Depth

Tubing 9746

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): 210 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 16/64"

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): 500 gals mud acid

Casing Tubing Date first new
Press. 3000 Press. 6000 oil run to tanks

1-15-62

Oil Transporter The Permian Corporation

Gas Transporter None

Remarks:

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

Approved: _____, 19

Texas Crude Oil Company

(Company or Operator)

By: _____

(Signature)

OIL CONSERVATION COMMISSION

Title: Petroleum Engineer

Send Communications regarding well to:

Name: Texas Crude Oil Company

Address: 1201 N. A. J. Tower, Midland, Texas

By: _____

Title: _____

