

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 352, Midland, Texas, February 25, 1960.
(Place) (Date)

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

TEXACO Inc. State of **N.M.** "O" **NCT-3**, Well No. **20**, in **SE** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)

H Sec. **12**, T. **17-S**, R. **32-E**, **NMPM**, **Undesignated** Pool
Unit Letter

Lea

Please indicate location:

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

County. Date Spudded **Jan. 25, 1960** Date Drilling Completed **Feb. 8, 1960**
Elevation **4250' (D.F.)** Total Depth **4450'** PBTD **4419'**

Top Oil/~~Gas~~ Pay **4152'** Name of Prod. Form. **San Andres**
PRODUCING INTERVAL - **4152' to 4158', 4179' to 4190', 4234' to 4240', 4246'**
to 4252', 4257' to 4262', 4265' to 4280', 4284' to
Perforations **4289', 4297' to 4300', 4305' to 4318', 4340' to 4350'**
Open Hole **None** Depth Casing Shoe **4450'** Depth Tubing **4610'**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **40** bbls. oil, **0** bbls. water in **5** hrs, **0** min. Choke Size **24/64"**

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): **See Remarks**

Casing _____ Tubing _____ Date first new
Press. **300** Press. **75** oil run to tanks **February 20, 1960**

Oil Transporter **Texas New Mexico Pipe Line**

Gas Transporter **Phillips Pet. Company**

Remarks: Perforate $4\frac{1}{2}$ " O.D. casing with 2 jet shots per ft. from 4152' to 4158', 4179' to 4190', 4234' to 4240', 4246' to 4252', 4257' to 4262', 4265' to 4280', 4284' to 4289', 4297' to 4300', 4305' to 4318', and 4340' to 4350'. Acidize with 500 gals. acid, followed with 20,000 gals. refined oil and 30,000 lbs sand at 18.6 BPM. Job Complete 8:49 A.M., February 13, 1960.

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]*
(Signature)

Title **Assistant District Superintendent**
Send Communications regarding well to:

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

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

OIL CONSERVATION COMMISSION

By: *[Signature]*
Title _____

*This well put in
Roberts Pool R-1488*