

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

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 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 20, 1964**

(Place)

(Date)

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

TEXACO Inc. State of New Mexico "R" NCT-4, Well No. 1, in NE $\frac{1}{4}$ NW $\frac{1}{4}$,

(Company or Operator)

(Lease)

C, Sec. 7, T. 18-S, R. 35-E, NMPM, Vacuum Pool

Unit Letter

Lea

County. Lea Date Spudded Dec. 14, 1961 Date Drilling Completed Jan. 8, 1962

Elevation 4001' (D. F.) Total Depth 8840' PBD 7938'

Please indicate location:

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

Top Oil/Gas Pay 4648' Name of Prod. Form. San Andres

PRODUCING INTERVAL - 4648', 4649', 4650', 4651', 4677', 4679', and 4697'.

Perforations _____ Depth _____
Open Hole NONE Casing Shoe 8840' Depth Tubing 8799'

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): 72 bbls. oil, 7 bbls water in 10 hrs, 0 min. Size _____ Choke Swab

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 Press. _____ Tubing Press. Swab Date first new oil run to tanks October 18, 1964.

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter Phillips Petroleum Company

Remarks: Perforate 2 7/8" Casing 2 jet shots 4648', 4649', 4650', 4651', 4677', 4679', and 4697' Acidize with 500 gals acetic acid. Re-acidize with 1500 gals NE acid 3 stages with eight ball sealers between stages. Frac with 15000 gals refined oil, and 15000 lbs. sand.

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

TEXACO Inc.

Approved _____, 19_____

(Company or Operator)

OIL CONSERVATION COMMISSION

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

By: _____

Title _____