

| | |
|---------------------------|-----|
| NUMBER OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SALES | |
| 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 **64**

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** **March 10, 1964**

(Place)

(Date)

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

TEXACO Inc. State of New Mexico "AA"NCT-4, Well No. 2, in NW 1/4 NW 1/4,

(Company or Operator)

(Lease)

A, Sec. 10, T. 18-S, R. 34-E, NMPM., Vacuum Abo Reef Pool

Unit Letter

Lea

County. Date Spudded Feb. 3, 1964 Date Drilling Completed March 4, 1964
Elevation 4027' (D. F.) Total Depth 9050' PBD 9045'

Please indicate location:

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

Top Oil/Gas Pay 8943' Name of Prod. Form. Abo Reef

PRODUCING INTERVAL - 8943', 8951', 8971', 8973', 8975'

Perforations _____
Open Hole NONE Depth 9050' Casing Shoe 9050' Depth 9050' 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): 130 bbls. oil, 0 bbls water in 12 hrs, 0 min. Size 32/64" Choke

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. 135 Date first new oil run to tanks March 5, 1964

Oil Transporter McWood Corporation Trucks

Gas Transporter Phillips Petroleum Company

Remarks: Perforate 2 7/8" Casing with one jet shot per ft at 8943', 8951', 8971', 8973', and 8975'. Acidize with 400 gals acetic acid. Re-acidize with 4000 gals LSTNE in two stages with five ball sealers between stages. Swab well.

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: H. D. Raymond
(Signature) H. D. Raymond

Title: Assistant District Superintendent

Send Communications regarding well to:

Name: H. D. Raymond

P. O. Box 728 - Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title: _____