6 II	TRIBUTION	
BANTA FF		
FILE		
U.8.6.5		
LAND OFFICE		
-	OIL	
	6.4.3	_
PROBATION OFFI	c #	
OPPAATOR		

NTW MEXICO OIL CONSERVATION COMMISSION (Form C-104) Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

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 728 Hobbs, New Mexico October 12, 1964 (Date) (Place) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: TEXACO Inc. State of New Mexico "U", Well No. 3, in. NE 14 NE 14. (Lease) (Company or Operator) A Sec. 2 T. 18-S, R. 34-E , NMPM., Vacuum Glorieta Pool Unit Latter Lea County Date Spudded Sept. 11, 1964 Date Drilling Completed Oct. 4, 1964 '4016' (D. F.) _____ Total Depth _____ 6850' _____ PBTD____ 68171 Elevation Please indicate location: Top 011/025 Pay_6011 _____Name of Prod. Form. ___Glorieta C D B A PRODUCING INTERVAL - 6011', 6014', 6019', 6026', 6030', and 6033'. х Perforations_ Depth F Depth E G H 68501 6850**'** NONE Tubing Open Hole Casing Shoe OIL WELL TEST -Choke J I L K 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 Choke load oil used): 59 bbls.oil, 8 bbls water in 24 hrs, 0 min. Size Swab P M N Ô GAS WELL TEST -Natural Prod. Test: ______MCF/Day; Hours flowed _____Choke Size (FOOTAGE) Tubing Casing and Comenting Record Method of Testing (pitot, back pressure, etc.):_____ Feet SAX Size MCF/Day; Hours flowed_ Test After Acid or Fracture Treatment: U. Choke Size __Method cf Testing:__ 11 3/4" 1536 1000 Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and 6837 11:00 2 7/8" sand): See remarks Tubing Swab Date first new Casing _ _ October 15. 1964. _oil run to tanks Press. Press. 17/160 Oil Transporter 1281 Gas Transporter Remarks: Perforate 2 7/8" Casing with two jet shots at 60111, 60141, 60191, 60261, 60301, and 6033'. Acidize with 500 gals acetic acid. Swab well. Re-acidize with 500 gals 15% NE acid. Swab well. I hereby certify that the information given above is true and complete to the best of my knowledge. Approved......, 19...... .

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OIL	CONSERVATION COMMISSION
	C X Kan
Ву:	
Title	

TEXACO Inc.	
(Company or Operator)	Ś
By:	
Title	
Address P. O. 728 - Hobbs, New Mexico	

I H. D. Raymond being of lawful age and being the Assistant District Supt. for TEXACO Inc., do state that the deviation record which appears on this form is true and correct to the best of my knowledge.

	Mr. tay march	
	H. D. Raymond	
Subscribe	d and sworn to before me this <u>l2th</u> day of	•
October	<u>, 1964</u> .	
My commission	expires October 20, 1966.	
	Notary Republic R. E. Johnson	
orLea	County, State of <u>New Mexico</u> .	
ease State	f New Mexico "U" Well No. 3	

Deviation Record

Depth		Degrees Off
2201		1/4
714"	D .	3/4
1006 1		l
1199		l
13841	•	1
1800		3/4
2350		3/4
2667 I		2
2 7 90 '	· .	2
3008		2
3520		2
3810"		2
4124 1		2
4560 °		1 3/4
4777"		1 1/2
5300 !		1 3/4
57191		l
6230		1 1/4
6570	•	1 1/4
6850 "		1 1/2
	•	