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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 728**

Hobbs, New Mexico

July 2, 1964

(Place)

(Date)

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

TEXACO Inc. State of **New Mexico** "NM", Well No. **6**, in **NW** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)

L, Sec. **30**, T. **17-S**, R. **35-E**, NMPM., **Vacuum Abo North** Pool

Unit Letter

Lea

County. Date Spudded **May 15, 1964** Date Drilling Completed **June 14, 1964**

Elevation **4003' (D. F.)** Total Depth **10,300'** PBD **10,285'**

Please indicate location:

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

Top Oil/Gas Pay **9079'** Name of Prod. Form. **Abo North**

PRODUCING INTERVAL - **9079', 9089', 9105', 9125', 9147', 9161', 9174'**,

Perforations **9192', 9202', and 9214'**.

Open Hole **NONE** Depth Casing Shoe **10,295'** Depth Tubing **10,295'**

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): **71** bbls. oil, **36** bbls. water in **24** hrs, **0** min. Size **Swab** 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. **Swab** Date first new oil run to tanks **July 1, 1964**

Oil Transporter **Texas-New Mexico Pipe Line**

Gas Transporter **TEXACO Inc.**

Remarks: Perforate 2 7/8" O. D. Casing with one jet shot at 9079', 9089', 9105', 9125', 9147', 9192', 9202', and 9214'. Acidize with 500 gals ISTNE. Re-acidize with 500 gals ISTNE. Swab well. Re-acidize with 4500 gals ISTNE, (3 1500 gals Stages) with 4 ball sealers between each stage. Plus 350 cu ft CO₂ per train. 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: **W. E. Morgan**
(Signature) **W. E. Morgan**

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

Name **W. E. Morgan**

Address _____

OIL CONSERVATION COMMISSION

Title _____

I W. E. Morgan being of lawful age and being
the Asst. to the 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.

W. E. Morgan
W. E. Morgan

My commission expires October 20, 1966.

Subscribed and sworn to before me this 23rd day of
June, 19 64.

Notary Republic

R. E. Johnson

for Lea County, State of New Mexico.

Lease State of New Mexico "N" Well No. 6

Deviation Record

<u>Depth</u>	<u>Degrees Off</u>
600'	1/4
850'	1/2
1415'	1 1/4
1933'	3/4
2500'	3/4
2957'	2
3220'	1 1/2
3680'	1
3850'	1/2
4158'	1/2
4289'	1/4
4800'	1 1/4
5201'	1
5813'	1/2
6213'	1/2
6893'	1/2
7096'	1/4
7641'	1/4
8508'	1/2
8880'	1/2
9240'	3/4
9463'	1/4
9780'	1/2
10120'	1/2
10300'	3/4