	P RECEIVE	the second s		NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104) Santa Fe, New Mexico
LE 8.8.3. AND OFFICE				REQUEST FOR (OIL) - (GAS) ALLOWAPLE
	6.43	+		So New Well
				the operator before an initial allowable will be assigned to any completed Oil or Gas well.
Form C-1 able will	104 is to be assig	be subm ned effec	tive 7:00	A.M. on date of completion or recompletion, provided this form C-101 was sent. The allow- A.M. on date of completion or recompletion, provided this form is filed during calendar to: The completion date shall be that date in the case of an oil well when new oil is deliv- be reported on 15.025 psia at 60° Fahrenheit. TEXACO Inc P. 0. Box 728 Hobbs, New Mexico August 17, 1964 (Place) (Date)
		DN DE	OUESTIN	A ANT ANT ANT T FOR A WELL KNOWN AS:
		-	C++++ + + + + + + + + + + + + + + + + +	
·····	(Compan	y or Oper	ator)	(Lease) T. 17-S., R. 34-E., NMPM., Vacuum Glorieta Pool
J		, Sec	25	T
Le				County Date Spudded June 26, 1964 Date Drilling Completed July 22, 1964 Elevation40081 (D. F.)_Total Depth68501PBTD68391
P	lease in	dicate lo	cation:	Top Oil/GREX Pay 60181 Name of Prod. Form. Glorieta
D	C	B	A	PRODUCING INTERVAL - 60181, 60221, 60291, 60441, and 60501.
E	F	G	H	Perforations
				OIL WELL TEST -
L	K	J	I	Choke Choke Strain Size Strain Size
		I		
M	N	0	P	load oil used): 148 bbls.oil, 52 bbls water in 24 hrs, 0 min. Size 3/4"
				GAS WELL TEST -
			JJ	Natural Prod. Test:MCF/Day; Hours flowedChoke Size
	(FOOT	AGE)	nting Record	Method of Testing (pitot, back pressure, etc.):
Siz	-	Fret	Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
85	/8"	1598	600	Choke SizeMethod cf Testing:
		6838	900	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
27	/8"	0000		sand): see remarks
0 7	/8"	6836	900	Press. 15oil run to tanks_ August 0, 1904
				Oil Transporter Texas-New Mexico Pipe Line Company
				Gas Transporter
Remar	. Peri	forate	2 7/8" (Casing with two jet snots at OULO', OULZ', OULZ', STALL,
Acidi	ze wit	h 500	gals ace	etic acid. Swab well. Re-acidize with 500 gals LSTNE.
I	hereby o	certify th	at the info	rmation given above is true and complete to the best of my knowledge. TEXACO Inc.
Approv	/ed			19
	/			$-1/7 1/0/5 dv \lambda_{31}/$
	OR	CONSE	KVATION	
B				Title Assistant to the District Superintenden Send Communications regarding well to:
6				W. E. Morgan
Title		· · · · · · · · · · · · · · · · · · ·		P. O. Box 728 - Hobbs, New Mexico

,

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

			-	H. D. Raymond				-	•
My com	mission exp	pires Octo	ber 20, 1		, L'• 1.4.)	'HIGING			•
	Subscribe	d and sv	orn to	before me	this_	29th .	day	of	
Jul	y	919_ No	64 otary Rej	public (-	N	h			
for	Lea			fRew_Mc	ervico	h. I. John	son	 •	
	State of	New Mexico	ວ່າເຕົາ	n Record	1	No. <u>8</u>		-	
· ·	Depth 408: 821: 1219: 1611: 2825: 2934: 3350: 3602: 3880: 4185: 4185: 4300: 4650: 5010: 544:5: 5780: 6430: 6850:			•	Ţ	1/2 1/4 1/4 1/4 1/4 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4	<u>-1</u> ,		•