

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 1:00 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 the 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. **P. O. Box 352**

TEXACO Inc., Midland, Texas, April 13, 1960
(Place) (Date)

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

TEXACO Inc. State of New Mexico "CH", Well No. **1-UT**, in **SE** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)
H Sec. **36**, T. **20-S**, R. **32-E**, NMPM., **Wildcat** Pool

Unit Letter
Lea

County. Date Spudded **May 30, 1959** Date Drilling Completed **March 13, 1960**
Elevation **3592'** Total Depth **14,816'** PBTD **13,620'**

Please indicate location:

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

Top ~~Oil~~/Gas Pay **12,640'** Name of Prod. Form. **Atoka**

PRODUCING INTERVAL -

Perforations **12,640' to 12,654'**

Open Hole **None** Depth **14,724'** Depth Casing Shoe **11,276'**

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 Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record
Size Feet Sx

20"	1177	2600
13-3/8"	2833	2270
9-5/8"	8175	2670
7"	11,400	650
5"	3420	600
2-3/8"	11,246	

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: **1,414** MCF/Day; Hours flowed **24**

Choke Size **22/64"** Method of Testing: **Back pressure (49 bbls 47.6 Distillate)**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **See Remarks**

Casing Tubing Date first new
Press. **1000** Press. **600** oil run to tanks **April 10, 1960**

Oil Transporter **Permian Oil Company**

Gas Transporter **Southern Union Gas Company** *Therbert*

Remarks: **Perforate 5" O.D. liner with 4 jet shots per ft 12,640' to 12,654'. Acidize with 1500 gals acid. Re-acidize with 3000 gals regular 15% IST acid using 55 gals control flow in 24 bbls lease crude ahead of acid.**

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

Approved **April 12**, 19 **60**

TEXACO Inc.

OIL CONSERVATION COMMISSION

(Company or Operator)
By: *J. G. Elovins, Jr.*
(Signature)

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

Name **J. G. Elovins, Jr.**

Address **P. O. Box 352, Midland, Texas**

By: *[Signature]*
Title **Engineer District**

1. What is the main purpose of the document?

2. What are the key findings of the study?

3. What are the implications of the findings?

4. What are the limitations of the study?

5. What are the conclusions of the study?

6. What are the recommendations of the study?

7. What are the future research directions?

8. What are the acknowledgments?

9. What are the references?

10. What are the appendices?

11. What are the footnotes?

12. What are the tables and figures?