BANTA F 1	Santa Fe, New Mexico	(Form C-19) Feviaed 7/2/57
	REQUEST FOR (OIL) - (GAS) ALLOWAPLE	
TRANSPORTER GAS		· •
PAGRATION OFFICE GPENATOR		New Well Recomplete
ered into the stock tanks. Gar	mpletion The completion date shall be that date in the case of an oil well whe must be reported on 15.025 psia at 60° Fahrenheit. TEXACO Inc. P. O. Hobbs, New Mexico February	Box 728
WE ARE HEREBY REQUE	(Place)	23, 1962 (Date)
	(Place) STING AN ALLOWABLE FOR A WELL KNOWN AS:	(Date)
TEXACO Inc. (Company or Operator)	(Place)	(Date) 1/4
TEXACO Inc. (Company or Operator) G, Sec11.	(Place) ESTING AN ALLOWABLE FOR A WELL KNOWN AS: C. H. Weir "B", Well No	(Date) //
TEXACO Inc. (Company or Operator) G., Sec11. Unis Letter	(Place) STING AN ALLOWABLE FOR A WELL KNOWN AS: C. H. Weir "B", Well No. 5, in. SW. (Lease) T. 20-S., R. 37-E., NMPM., Blinebry (Oil). Undesig County. Date Spudded. Nov. 30, 1961 Date Drilling Completed	(Date)

PRODUCING INTERVAL -

		x		Depth Depth Depth Open Hole None Casing Shoe 69371 Tubing 58001
L	K	J		OIL_WELL TEST - Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
M	N	0	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): <u>30</u> bbls.oil, <u>0</u> bbls water in <u>24</u> hrs, <u>0</u> min. Size <u>28/6</u> 4
Size		Feet	nting Recor	GAS_WELL TEST - Natural Prod. Test: MCF/Day; Hours flowed Choke Size Method of Testing (pitot, back pressure, etc.):
	8"] <u>2" _69</u>			Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
- ''	57	90		sand): <u>See remarks</u> Casing Tubing Date first new Press Press oil run to tanks February 3, 1962
				Oil TransporterShell Pipe Line CompanyGas TransporterWarren Petroleum Companycasing with 2 jet shots per ft. 5814' to 5817', 5826' to 5829',5858', 5870' to 5872', and 5894' to 5896'. Acidize with 2000 gals

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

Approved....., 19.....

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Title			`		
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TEXACO Inc. (Company or Operator) 1017 Lr ħ By: **. . . .** (Signature)

Title Assistant District Superintendent Send Communications regarding well to:

Name....J. G. Blevins, Jr.

Address P. O. Box 728 - Hobbs, New Mexico