

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 QUADRUPPLICATE 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, June 5, 1962
(Place) (Date)

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

TEXACO Inc. **C. H. Weir "A"** Well No. **8**, in. **SE** **1/4** **NW** **1/4**,
(Company or Operator) (Lease)
F **Lea** **Sec. 12**, **T. 20-S**, **R. 37-E**, **NMPM.**, **Blinebry** **Pool**
Unit Letter
County. Date Spudded **4-24-62** Date Drilling Completed **5-18-62**
Elevation **3574'** DE Total Depth **6884'** PBTD **6872'**

Please indicate location:

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

Top Oil/Gas Pay **5763'** Name of Prod. Form. **Blinebry**

PRODUCING INTERVAL -

Perforations **See Remarks**
Open Hole **----** Depth **6882'** Depth Casing Shoe **6882'** Depth Tubing **6882'**

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): **167** bbls. oil, **0** bbls water in **12** hrs, **-----** min. Size **18/64"**

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sx
9-5/8"	1428'	700
2-7/8"	6871'	*1800

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 **550#** Tubing **---** Date first new oil run to tanks **June 2, 1962**
Press. **---** Press. **---**

Oil Transporter **Shell Pipe Line Company**

Gas Transporter **Warren Petroleum Company**

Remarks: * Cement 3 strings with 1800 sx. Perforate 2-7/8" O.D. casing 5763' to 5774', 5792' to 5798', 5845' to 5847', 5866' to 5869', 5874' to 5877', with 2 jet shots per foot. Acidize with 500 gals IST NEA & 8000 gals refined oil & 8000 lbs. sand.

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: **-----** (Signature)

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

Name **J. A. G. Blevins, Jr.**

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

OIL CONSERVATION COMMISSION

By: **-----**

Title **-----**