

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 352, Midland, Texas, January 8, 1959
(Place) (Date)

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

TEXACO Inc.

V. M. Henderson

Well No. **2**

in **NE 1/4, NE 1/4**

(Company or Operator)

(Lease)

A

Sec. **30**

T. **21-S**

R. **37-E**

NMPM,

Blinebry (Oil)

Pool

Unit Letter

Lee

County. Date Spudded **Oct. 7, 1947**

Date Drilling Completed **March 31, 1948**

Please indicate location:

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

Elevation **3502' (D.F.)** Total Depth **6674'** PBD **6050'**

Top Oil ~~Box~~ Pay **5528'** Name of Prod. Form. **Blinebry**

PRODUCING INTERVAL 5858' to 5881', 5980' to 5992'

Perforations 5706' to 5710', 5756' to 5760', 5839' to 5843',

5528' to 5558', 5580' to 5586', 5674' to 5684',

Open Hole **None** Depth **6597'** Depth **5429'**

Casing Shoe **6597'** Tubing

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): **24** bbls. oil, **10** bbls water in **24** hrs, **0** min. Size **21/64"** 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 _____ Tubing _____ Date first new _____

Press. _____ Press. **1300** oil run to tanks **December 22, 1959**

Oil Transporter **Shell Pipe Line, Midland, Texas**

Gas Transporter **Skelly Oil Company, Hobbs, New Mexico**

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	238	300
8 5/8	2802	1000
5 1/2	6642	450
2 1/2	5458	

Remarks: **Frac perforations with 20,000 Gals Refined Oil and 30,000 Lbs Sand in 3 10,000 Gal Stages with Ball Sealers between Stages at 10 B.P.M.**

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

Approved **January 8**, 1960

TEXACO Inc.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

(Signature)

Title **Assistant District Superintendent**

Send Communications regarding well to:

Name **J. G. Elevins, Jr.**

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

By: _____
Title _____