

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, N. M., March 14, 1962
(Place) (Date)

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

TEXACO Inc. V. M. Henderson (Company or Operator), Well No. 7, in SE 1/4 NW 1/4,
F. Sec. 30, T. 21-S, R. 37-E, NMPM, Penrose Skelly Pool
Unit Letter

Lea County. Date Spudded Jan. 5, 1962 Date Drilling Completed Feb. 5, 1962

Please indicate location:

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

Elevation 3499' (D.F.) Total Depth 6745' PBD None

Top Oil/Water Pay 5172' Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 5172' to 5180'

Open Hole None Depth Casing Shoe 6744' Depth Tubing 6744'

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls. water in hrs, min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 80 bbls. oil, 160 bbls. water in 24 hrs, 0 min. Choke Size 3/4"

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 Press. --- Tubing Press. 50 Date first new oil run to tanks March 6, 1962

Oil Transporter Shell Pipe Line Company

Gas Transporter Skelly Oil Company

Remarks: Perforate 2-3/8" casing with 2 Jet shots per ft 5172' to 5180'. Acidize with 1000 gals LSTNEA, Re-Acidize with 2000 gals LSTNEA.

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 H. N. Wade

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

OIL CONSERVATION COMMISSION

By:

Title