

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 728**
Hobbs, New Mexico **March 5, 1962**

(Place) (Date)

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

TEXACO Inc. **V. M. Henderson**, Well No. **7**, in **SE** $\frac{1}{4}$ **NW** $\frac{1}{4}$,
(Company or Operator) (Lease)

F **30**, **T** **21-S**, **R** **37-E**, **NMPM**, **Drinkard** Pool
Unit Letter

Lea **County** **Date Spudded** **Jan. 5, 1962** **Date Drilling Completed** **Feb. 5, 1962**
Elevation **3499' (D.F.)** **Total Depth** **6745'** **PBTD** **None**

Please indicate location:

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

Top Oil/Gas Pay **6617'** **Name of Prod. Form.** **Drinkard**

PRODUCING INTERVAL -

Perforations **See Remarks**

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

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **53** **bbls. oil,** **1** **bbls water in** **24** **hrs,** **0** **min.** **Size** **3/4"**
Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
11-3/4"	300	300
8-5/8"	2990	1370
2-3/8"	5302	1050
2-3/8"	6736	1050
2-3/8"	6736	1050

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.** **25** **oil run to tanks** **March 1, 1962**

Oil Transporter **Shell Oil Company**

Gas Transporter **Shell Oil Company**

Remarks: Perforate 2-3/8" casing with 2 jet shots per ft 6617' to 6621', 6624' to 6626', 6636' to 6639', 6646' to 6648', 6654' to 6658', 6671' to 6673', 6676' to 6679', 6685' to 6695', 6699' to 6701', and 6710' to 6712'. Acidize with 500 gals LST NEA. Re-acidize with 3000 gals LST NEA. Spot 300 gals blocking material 6624' to 6626'. Acidize with 3000 gals LST NEA.

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 _____