17046.10 St	Santa Fe, New Mexico
U.8 G S	REQUEST FOR (OIL) - (GAS) MELOWARLE
TRANSPORTER Dit.   LAS LAS	HOBBS OFFICE DCC Recompletion
This form small be submitted in able will be assigned effective 7:0 month of completion or recompl	OV use operator before an initial allowable will be assigned to any completed Oil or Gas well. QUADRUPLICATE to the same District Office 32 which Form Cpi01 was sent. The allow- 0 A.M. on date of completion or recompletion, provided this form is filed during calendar etio: The completion date shall be that date in the case of an oil well when new oil is deliv- ist be reported on 15.025 psia at 60° Fahrenheit. TEXACO Inc. P. 0. Box 728 <u>Hobbs</u> , New Mexico May 1, 1962. (Place)
WE ARE HEREBY REQUEST	ING AN ALLOWABLE FOR A WELL KNOWN AS:
	V. M. Henderson, Well No9., in
Unit Lattur	, T. 21-S., R. 37-E., NMPM., Drinkard. Pool
	Elevation 34901 (D.F.) Total Depth 67571 PBT 67221
Please indicate location:	Top CilZers Pay 6616 Name of Prod. Form. Drinkard
D C B A	PRODUCING INTERVAL -
E F G H	Perforations 66161 to 66221, 66271 to 66171 Depth Depth Depth
	Open HoleCasing ShoeTubing67551
	OIL WELL TEST - Choke
LKJ	Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke
M N O P	load oil used): 22 bbls.oil, 15 bbls water in 21 hrs, 0 min. Size Swab
	GAS WELL TEST -
·	Natural Prod. Test:MCF/Day; Hours flowedChoke Size
•	Method of Testing (pitot, back pressure, etc.):
Size Feet Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
11 3/1;" 3001 300	
8 5/8" 29891 1370	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
	sand): 1500 gals LST NEA
2 3/8" 67471 1392	Press Press. Swab oil run to tanks May 1, 1962
	Gil Transporter Shell Pipe Line Company
	Gas Transporter Skelly Oil Company
Remarks:	Comp Illizene 19 Jack
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	formation given above is true and complete to the best of my knowledge. 19. TEXACO Inc.
Approved	(Company or Operator)
OIL CONSERVATION COMMISSION By:	
(Signature)	
By: CC	Title Assistant District Superintendent Send Communications regarding well to:
Title	H. N. WADE NameJs-GBlevins, Jp
	•
· •	Address P. 0. Box 728 - Hobbs, New Mexico

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