

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

TEXACO Inc.

January 7, 1960

(Place)

(Date)

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

TEXACO Inc.

Mittle Weatherly

Well No. **4**

in **SW** $\frac{1}{4}$ NW $\frac{1}{4}$

(Company or Operator)

(Lease)

E

Sec. **17**

T. **21-S**

R. **37-E**

NMPM,

Panacea-Shelly (Oil)

Pool

Unit Letter

Lee

County. Date Spudded **Dec. 3, 1959**

Date Drilling Completed **Dec. 12, 1959**

Please indicate location:

Elevation **3487' (D.P.)**

Total Depth **3840'**

PBTD

3826'

Top Oil/~~Gas~~ Pay

None

Name of Prod. Form.

Grayburg

PRODUCING INTERVAL - **and 3788' to 3792'**

Perforations **3705' to 3720', 3742' to 3754', 3774' to 3783'**

Open Hole

None

Depth

Casing Shoe **3839'**

Depth

Tubing **3680'**

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): **141** bbls. oil, **2** bbls water in **24** hrs, **0** min. Size **20/64"** 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. **Packer** Press. **75** oil run to tanks **January 1, 1960**

Oil Transporter **Texas New Mexico Pipe Line**

Gas Transporter **Shelly Oil Company**

Remarks: **Perforate 5 1/2" O.D. casing with 2 Jet shots per ft. from 3705' to 3720', 3742' to 3754', 3774' to 3783', and 3788' to 3792'. Acidize with 1000 Gals Regular 15% Acid, Re-acidize with 2,000 Gals 15% Gel Acid, 6000 Gals 15% LST NHA Acid with 250 Gals Gel Blocking material between 2,000 gel stages**

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

Approved **January 7, 1960**

TEXACO Inc.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

(Signature)

By: _____

Title **Assistant District Superintendent**

Send Communications regarding well to:

Title **Engineer District I**

Name **J. G. Elovins, Jr.**

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

