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PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New M

(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 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 352, Midland, Texas

February 6, 1961

(Place)

(Date)

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

TEXACO Inc.

C. P. Falby (b)

Well No. **4**, in **NW** $\frac{1}{4}$ **SW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

L

Sec. **8**

T. **22-S**

R. **37-E**

NMPM,

Penrose Shelly

Pool

Unit Letter

Lee

County. Date Spudded **10-28-60**

Date Drilling Completed **11-25-60**

Elevation **3422' (DF)**

Total Depth **6550'** PBD **6540'**

Please indicate location:

Top Oil/Gas Pay **3668'**

Name of Prod. Form. **Grayburg**

PRODUCING INTERVAL -

Perforations **3668' to 3700', 3708' to 3732'**

Open Hole **None**

Depth **6549'** Depth **3633'**

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): **10** bbls. oil, **3** bbls. water in **24** hrs, **0** min. Size **Pump**

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 **Packer** Tubing **Pump** Date first new **January 24, 1961**
Press. **Packer** Press. **Pump** oil run to tanks

Oil Transporter **Shell Pipe Line**

Gas Transporter **Shelly Oil Company**

Tubing, Casing and Cementing Record

Size	Feet	Sax
10-3/4"	318'	300
7-5/8"	3924'	1200
4-1/2"	2689'	200
2-3/8"	3633'	

Remarks: **Perforate 7-5/8" O.D. casing with 2 jet shots per ft. 3668' to 3700', 3708' to 3732'. Acidise with 1000 gals 15% LST HCL.**

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: **W. B. Hubbard**

(Signature)

Title **Assistant District Superintendent**

Send Communications regarding well to:

Title _____

Name **W. B. Hubbard**

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