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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 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, January 17, 1961

(Place)

(Date)

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

TEXACO Inc. (Company or Operator) **C. P. Falby (b)** (Lease), Well No. **4**, in **NW** $\frac{1}{4}$ **SW** $\frac{1}{4}$,

L (Unit Letter), Sec. **8**, T. **22-S**, R. **37-E**, NMPM, **Rumont** Pool
County. Date Spudded **Oct. 28, 1960** Date Drilling Completed **Nov. 25, 1960**

Please indicate location:

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

Elevation **3422' (D.P.)** Total Depth **6550'** PBDT **6540'**

Top Oil/Gas Pay **3464'** Name of Prod. Form. **Penrose**

PRODUCING INTERVAL -

Perforations **3464' to 3486', 3492' to 3502', 3524' to 3530',**
Open Hole **None** Depth **3540'** Casing Shoe **6549'** Depth **3488'** Tubing **3556'**

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 Choke load oil used): **52** bbls. oil, **0** bbls. water in **24** hrs, **0** min. Size **20/64"**

GAS WELL TEST -

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

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	3430	

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. **500** Press. **300** oil run to tanks **January 13, 1961**

Oil Transporter **Shell Pipe Line**

Gas Transporter **Skelly Oil Company**

Remarks: **Perforate 4 1/2" O.D. liner with 2 jet shots per ft. 3464' to 3486', 3492' to 3502, 3524' to 3530' and 3540' to 3556'. Acidize with 1000 gals. 15% LST NEA, re-acidize with 300 gals gel acid, 300 lbs crushed Napthalene and 3000 gals 15% LST NEA, Frac with 15,000 gals refined oil and 15,000 lbs sand.**

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

Approved _____, 19____

OIL CONSERVATION COMMISSION

By: _____

Title _____

TEXACO Inc.
(Company or Operator)

By: **MB Hubbard**
(Signature)

Title **Assistant District Superintendent**
Send Communications regarding well to:

Name **W. B. Hubbard**

Address **Box 352 Midland Texas**