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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 13, 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,

**Drinkard**

Pool

Unit Letter

**Lee**

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

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

Elevation **3422' (DF)** Total Depth **6550'** PBD **6540'**

Top Oil/Case Pay **6484'** Name of Prod. Form. **Drinkard**

PRODUCING INTERVAL - **6484' to 6491', 6497' to 6501', 6515' to 6518'**

Perforations **6522' to 6526', and 6531' to 6536'**

Open Hole **None** Depth **6549'** Depth Casing Shoe **6475'**

### 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 Choke load oil used): **66** bbls. oil, **0** bbls water in **16** hrs, **0** min. Size **19/64"**

### 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 **January 6, 1961**  
Press. **Packer** Press. **300** oil run to tanks

Oil Transporter **Shell Pipe Line**

Gas Transporter **Shelly Oil Company**

Remarks: **Perforate 4-1/2" liner with 2 jet shots per ft 6484' to 6491', 6497' to 6501', 6515' to 6518', 6522' to 6526', and 6531' to 6536'. Acidize 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:

Name: **W. B. Hubbard**

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

OIL CONSERVATION COMMISSION

By: *W. B. Hubbard*

Title \_\_\_\_\_