

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 728

Hobbs, New Mexico October 3, 1961
(Place) (Date)

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

TEXACO Inc. A. H. Blinebry NCT-1, Well No. 12, in SE 1/4 NE 1/4
(Company or Operator) (Lease)

H, Sec. 19, T. 22-S, R. 38-E, NMPM., Drinkard Pool
Unit: Letter

Lea County Date Spudded Aug. 3, 1961 Date Drilling Completed Sept. 1, 1961

Please indicate location:

Elevation 3384' (DF) Total Depth 7200' PBD None

Top Oil Pay 6850' Name of Prod. Form. Drinkard

PRODUCING INTERVAL -

Perforations None

Open Hole 6850' to 7200' Depth Casing Shoe 6850' Depth Tubing 6869'

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): 120 bbls. oil, 0 bbls water in 16 hrs, 0 min. Size 14/64" 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. - - Press. 150 oil run to tanks October 1, 1961

Oil Transporter Texas New Mexico Pipe Line

Gas Transporter Skelly Oil Company

Remarks: Acidize open hole 6850' to 7200' with 900 gals. LST. NEA.

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)

OIL CONSERVATION COMMISSION

By: (Signature)

By: (Signature)

Title Assistant District Superintendent
Send Communications regarding well to:

Title

Name H. N. Wade

Address P.O. Box 728 - Hobbs, New Mexico