

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. **1960 JAN 25 PM 3:38** 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.

HOBBS OFFICE OCC

TEXACO Inc.

P. O. Box 352, Midland, Texas, January 27, 1960

(Place)

(Date)

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

TEXACO Inc., A. H. Blinbry NCT-1

Well No. **11**, in **NW** $\frac{1}{4}$ **SW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

L, Sec. **28**

T. **22-S**

R. **38-E**

NMPM, **Drinkard (Oil)**

Pool

Unit Letter

Dual in Drinkard and Tubb Zones

Lea

County. Date Spudded **Nov. 16, 1959**

Date Drilling Completed **Dec. 16, 1959**

Please indicate location:

Elevation **3386' (D.F.)** Total Depth **7200** PBD **None**

Top Oil/~~Gas~~ Pay **6905'** Name of Prod. Form. **Drinkard**

PRODUCING INTERVAL -

Perforations **None (Open Hole)**

Open Hole **6905' to 7200'** Depth Casing Shoe **6905'** Depth Tubing **7161'**

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): **133** bbls. oil, **0** bbls water in **12** hrs, **0** min. Size **2 1/2" 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. **150** oil run to tanks **January 25, 1960**

Oil Transporter **Permian Oil Company (Trucks)**

Gas Transporter **Flared due to lack of market**

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	292	350
9 5/8	3122	2000
7	6894	400
2	7151	

Remarks: **Acidize open hole from 6905' to 7200' with 2000 gals 15% acid, reverse out, follow with 3,150 gals refined oil and 1500 lbs sand. Re-acidize with 10,000 gals 15% LST NEA**

LST NEA

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

Approved: **FEB 8 1960**, 19____

TEXACO Inc.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

By: **Blain**

(Signature)

Title _____

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

Name **J. G. Blevins, Jr.**

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