

# 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, 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, May 24, 1960  
(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. **3**, in **SW**  $\frac{1}{4}$  **SW**  $\frac{1}{4}$ ,

**M** (Unit Letter), Sec. **8**, T. **22-S**, R. **37-E**, NMPM., (Dual) **Eumont (Oil)** Pool

**Lea** County. Date Spudded **April 14, 1960** Date Drilling Completed **April 28, 1960**

Please indicate location:

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

Elevation **3415'** Total Depth **3800'** PBTD **3795'**

Top Oil/Gas Pay **3468'** Name of Prod. Form. **Penrose**

## PRODUCING INTERVAL -

Perforations **3468' to 3490', 3498' to 3508', 3530' to 3544', 3564' to**

Open Hole **None** Depth **3799'** Casing Shoe **3465'** Depth **3567'** Tubing

## 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): **72** bbls. oil, **0** bbls water in **8** 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
<b>7-5/8"</b>	<b>319</b>	<b>200</b>
<b>4-1/2"</b>	<b>3789</b>	<b>400</b>
<b>2-3/8"</b>	<b>3455</b>	

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 **340** Press. **220** Date first new oil run to tanks **May 19, 1960**

Oil Transporter **Shell Pipe Line**

Gas Transporter **Shelly Oil Company**

Remarks: **Perforate 4-1/2" O.D. casing with 2 jet shots per ft 3468' to 3490', 3498' to 3508', 3530' to 3544', 3562' to 3567', acidise with 500 gals regular 15% acid. Frac with 10,000 gals refined oil and 15,000 lbs sand at 21.9 BPM.**

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

Approved: \_\_\_\_\_, 19\_\_\_\_\_

OIL CONSERVATION COMMISSION

By: **Joe A. Ramsey**  
Title: **PRODUCTION MANAGER**

**TEXACO Inc.**  
(Company or Operator)

By: \_\_\_\_\_  
(Signature)

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

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

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