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**NEW MEXICO OIL CONSERVATION COMMISSION**  
**Santa Fe, New Mexico**  
**REQUEST FOR (OIL) - (GAS) ALLOWABLE**

(Form C-104)  
 Revised 7/1/57

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**

**January 11, 1961**

(Place)

(Date)

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

**TEXACO Inc.**

**C.W. Shepherd (a)**

Well No. **3**, in **SE**  $\frac{1}{4}$  **NE**  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

**H** Unit Letter, Sec. **1**, T **26-S**, R **36-E**, NMPM., **Undesignated** Pool

**Lee**

County. Date Spudded **12-1-60**

Date Drilling Completed **12-17-60**

Please indicate location:

Elevation **2980' (DF)** Total Depth **3050'** PBDT **2936'**

Top Oil/Water Pay **2928'** Name of Prod. Form. **Seven Rivers Yates**

PRODUCING INTERVAL -

Perforations **2928' to 2934'**

Open Hole **None** Depth **3049'** Depth **2930'**  
 Casing Shoe 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): **66** bbls. oil, **0** bbls water in **9** hrs, **0** min. Size **15/64"**

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 **820** Date first new **January 9, 1961**  
 Press. **Packer** Press. **820** oil run to tanks

Oil Transporter **Cactus Petroleum Inc. (Trucks)**

Gas Transporter **None**

Remarks: **Perforate 4-1/2" O.D. casing 2928' to 2934' with 2 jet shots per ft. Acidize with 250 gals 15% LST NHA.**

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: *[Signature]*

Title \_\_\_\_\_