

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

TEXACO Inc.

January 14, 1960

(Place)

(Date)

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

TEXACO Inc.

St. of New Mexico "BZ" NCT-8, Well No. **12**, in **SW** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

Q

Sec. **16**

T. **23-S**

R. **37-E**

NMPM,

Langlie-Mattix

Pool

Unit Letter

Lee

County. Date Spudded **December 14, 1959** Drilling Completed **December 24, 1959**

Elevation **3309' (D.F.)** Total Depth **3611'** PBD **3609'**

Please indicate location:

Top Oil/Lease Pay **3490'** Name of Prod. Form. **Penrose**

PRODUCING INTERVAL -

Perforations **3490' to 3508', 3520' to 3530', and 3546' to 3556'**

Open Hole **None** Depth **3611'** Casing Shoe **3611'** Depth **3500'** Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): **26** bbls. oil, **0** bbls water in **24** hrs, **0** min. Choke Size **1"**

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. **300** Press. **100** oil run to tanks **January 12, 1960**

Oil Transporter **Texas New Mexico Pipe Line, Midland, Texas**

Gas Transporter **El Paso Natural Gas Co., Jal, New Mexico**

Remarks: **Perforate 5 1/2" O.D. Casing with 2 Jet shots per ft. from 3490' to 3508', 3520' to 3530', and 3546' to 3556'. Acidize with 800 Gals. 15% Acid. Frac with 12,000 Gals. Refined Oil and 18,000 lbs. sand at 20.5 B.P.M.**

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

Approved **January 14**, 1960

TEXACO Inc.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

(Signature)

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

Name **J. G. Elevins, Jr.**

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

By: _____

Title _____