

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 728
Hobbs, New Mexico December 14, 1961
(Place) (Date)

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

TEXACO Inc. State of New Mexico "B" NCT Well No. 2, in SE 1/4 SW 1/4,
(Company or Operator) (Lease)

N Unit Letter, Sec. 32, T. 23-S, R. 37-E, NMPM, Langlie Mattix Pool

Lea

Please indicate location:

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

County. Date Spudded Nov. 21, 1961 Date Drilling Completed Nov. 29, 1961
Elevation 3304' (D.F.) Total Depth 3670' PBD 3663'

Top Oil/ Gas Pay 3459' Name of Prod. Form. Penrose

PRODUCING INTERVAL -

Perforations See Remarks

Open Hole None Depth Casing Shoe 3669' Depth Tubing 3669'

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): 36 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size Swab

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. Swab Press. Swab oil run to tanks December 12, 1961

Oil Transporter Texas New Mexico Pipe Line

Gas Transporter None (TSTM)

Remarks: Perforate 2-7/8" casing with 2 jet shots per ft. 3459' to 3463', 3468' to 3478', 3498' to 3506', 3509' to 3515', and 3518' to 3521'. Acidize with 1500 Gals 15% LST NEA. Swab well. Frac with 10,000 Gals Refined Oil and 10,000 lbs. sand.

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: _____

(Signature)

Title Assistant District Superintendent
Send Communications regarding well to:

Name J. G. Blevins, Jr.

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

OIL CONSERVATION COMMISSION

By: _____

Title _____