NEW Maxico OIL CONSERVATION COMMISSAON 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 66° Fahrenberg.

				(Pla	ce)		Senton T	(Date)
E ARE HEREBY REQUEST! TEXACO Inc.			C. E. Penny MCT-	<u>4</u> , w	LL KNOWN	/ AS: , in	Sw /	4
(Company or Op		rator) 19	, T. 25-S , R. 3	Lease) 18=E NMT	M Justi	s Ellenbu	1) Pool	
Unit L			., 1, R	70	700	***************************************	Tie	2. 1959
	Lea		County. Date Spud	ded OCT. IU,	1979 Da	te Drilling C 7894!	Completed DC.	oen Hole
Plea	se indicate k	ocation:	County Date Spudded Total Depth 7894 PRIL Open Hole Top Oil 83 7145 Name of Fred. Form. Kllenburger					
D	C B	A	PRODUCING INTERVAL -	72331 to 72	2381 and 7	'251 to 7 71881 72	265' (MG)	Kee) 237 t
E	F G	Н	Open Hole 7867 to	78941	Depth Casing Shoe	7867	Depth Tubing	77701
L	KJ	I	OIL WELL TEST - Natural Prod. Test:					Choke
M	N O	P	Test After Acid or F	racture Treatment 28 bbls.oil,	ot (after reco	overy of volum s water in	hrs, O	choke 20/6 min. Size
			GAS WELL TEST -					
		 -	_ Natural Prod. Test:					
Eubing ,Ce Sire	asing and Ceme	nting Recor	rd Method of Testing (p					
			Test After Acid or : Choke Size					.10///
13 3/	8 865	750						
9 5/	8 3431	1700	Acid or Fracture Tre	mawka				
7*	7856	900	Casing Press. 200 Press. Cil Transporter M	oing 500 oi	te first new l run to tank: ••••••••••••••••••••••••••••••••••••	December	er 13, 19	159
2 1/	7850		1					
Remarks:	Justis E er 15% Aci	dat 3 E		le from 785			· · · · · · · · · · · · · · · · · · ·	00 Gals.
I her Approv e d	eby certify th	nat the info	ormation given above	is true and con	iplete to the b	co Inc. (Company or		
(OIL CONSE	RVATION	COMMISSION	Ву:	97. G	Signati		
Ву:		[[] A	5,72	Title	Assistant Send Cor	District	Supering regarding v	tendent vell to:
Title				 Name		Blevins,		
		1		Addre	n 0	Box 352,	Midland,	Texas