

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, April 18, 1960
(Place) (Date)

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

TEXACO Inc. **C. E. Penny NCT-4**, Well No. **5-LT**, in **NW** $\frac{1}{4}$ **NW** $\frac{1}{4}$,
(Company or Operator) (Lease)

D **19** **T 25-S** **R 38-E**, NMPM, **Justis Ellenburger (Dual)** Pool
Unit Letter

Lea County. Date Spudded **February 19, 1960** Date Drilling Completed **April 7, 1960**

Please indicate location:

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

Elevation **3085'** Total Depth **7990'** FBTD **Open Hole**

Top Oil/Lvs Pay **7948'** Name of Prod. Form. **Ellenburger**

PRODUCING INTERVAL -

Perforations

Open Hole **7948 to 7990** Depth **7948'** Depth **7944'**
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 load oil used): **193** bbls.oil, **1** bbls water in **13** hrs, **0** min. Size **14/64** Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8"	828'	1140
9-5/8"	3420'	1400
7"	4626'	400
2-3/8"	7934'	

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. **Packer** Press. **875** oil run to tanks **April 13, 1960**

Oil Transporter **McWood Corporation, Midland, Texas**

Gas Transporter **Shut in until connection is made.**

Remarks: **Justis Ellenburger zone, open hole from 7948' to 7990', Acidize with 500 gals regular 15% acid at 4 BPM.**

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

Approved April 18, 1960

TEXACO Inc.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]
(Signature)

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

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

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

By: [Signature]
Title _____