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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexic

(Form C-10)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

THIS WELL IS IN THE COTTON DRAW UNIT

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 QUADRUPPLICATE 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

February 14, 1961

(Place)

(Date)

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

TEXACO Inc.

R.F. Ray-Federal "B"

Well No. 1, in SW $\frac{1}{4}$ SE $\frac{1}{4}$,

(Company or Operator)

(Lease)

0

Sec. 10

T. 25-S

R. 32-E

NMPM,

Paduca-Delaware

Pool

Unit Letter

Lea

County. Date Spudded 1-21-61

Date Drilling Completed 1-28-61

Elevation 3460'

Total Depth 4800'

PBD 4798'

Please indicate location:

Top Oil/80% Pay 4736'

Name of Prod. Form. **Delaware Sand**

PRODUCING INTERVAL -

Perforations 4736' to 4744'

Open Hole None

Depth Casing Shoe 4799'

Depth Tubing 4750'

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): 17 bbls. oil, 9 bbls water in 24 hrs, 0 min. Size Pump

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Size
<u>7-5/8"</u>	<u>300</u>	<u>250</u>
<u>4-1/2"</u>	<u>4789'</u>	<u>150</u>
<u>2-3/8"</u>	<u>4742'</u>	

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. Pump Press. 100 oil run to tanks February 10, 1961

Oil Transporter **The Permian Corporation**

Gas Transporter None

Remarks: **Perforate 4-1/2" O.D. casing with 2 jet shots per ft 4736' to 4744'. Acidize with 250 gals 15% IST NEA, scrub wall, re-acidize with 500 gals 15% IST NEA, re-acidize with 250 gals Gal acid, 375 lbs crushed naphthalene, and 1000 gals 15% IST NEA.**

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)

OIL CONSERVATION COMMISSION

By: Leslie A. Clement

Title: **Assistant District Superintendent**

Send Communications regarding well to:

W. B. Hubbard

Title _____

Name _____

P.O. Box 352, Midland, Texas