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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico
REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

New Well
Recompletion

This form is to 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 352, Midland, Texas **January 6, 1961**
(Place) (Date)

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

TEXACO Inc. **S.F. Day-Federal NCT-1**, Well No. **1**, in **SE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)
N **10** **25-3** **32-4** **NMPM**, **Undesignated** Pool
Unit Letter

Lea

County **Lea** Date Spudded **12-21-60** Date Drilling Completed **12-29-60**

Please indicate location:

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

Elevation **3455' (DE)** Total Depth **4771'** FBTD **4739'**

Top Oil/Gas Pay **4704'** Name of Prod. Form. **Delaware Sand**

PRODUCING INTERVAL -

Perforations **4704' to 4706' and 4712' to 4722'**

Open Hole **None** Depth Casing Shoe **4770'** Depth Tubing **4725'**

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 load oil used): **33** bbls. oil, **0** bbls. water in **12** hrs, **0** min. Choke Size **Subd**

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
7-5/8"	323	250
4-1/2"	4760	150
2-3/8"	4725	

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. **Subd** Press. **Subd** oil run to tanks **January 5, 1961**

Oil Transporter **Cactus Petroleum Inc. (Trucks)**

Gas Transporter **None**

Remarks: **Perforate 4-1/2" C.O. casing with 2 jet shots per ft from 4704' to 4706' and 4712' to 4722'. Acidize with 250 gals 15% LST NEA. Re-Acidize with 250 gals Gel acid, 250 lbs. crushed naphthalene, and 500 gals 15% LST 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)

OIL CONSERVATION COMMISSION

By: **M. B. Hubbard**
(Signature)

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

Title _____ Name **M. B. Hubbard**

Box 352 Midland Texas