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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 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 **December 19, 1960**
(Place) (Date)

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

TEXACO Inc. **G.E. Jordan Federal NCT-2**, Well No. **1**, in **SW** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)

E, Sec. **15**, T **25-S**, R **32-E**, NMPM., **Undesignated** Pool
Unit Letter

Lee

Please indicate location:

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

County. Date Spudded **12-3-60** Date Drilling Completed **12-9-60**
Elevation **3448' (DP)** Total Depth **4743'** PBTD **4730'**
Top Oil ~~Pay~~ **4684'** Name of Prod. Form. **Delaware sand**

PRODUCING INTERVAL -

Perforations **4684' to 4700'**
Open Hole **None** Depth Casing Shoe **4743'** Depth Tubing **4700'**

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): **36** bbls. oil, **0** bbls water in **8** hrs, **0** min. Size **18/64"** Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
7-5/8"	358	250
4-1/2"	4733	150
2-3/8"	4692	

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. **65** oil run to tanks **December 16, 1960**

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

Gas Transporter **None**

Remarks: **Perforate 4-1/2" O.D. casing with 2 jet shots per ft from 4684' to 4700'.**
Acidize perforations with 250 gals 15% LST HCl.

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

Approved _____, 19____

OIL CONSERVATION COMMISSION

By: *[Signature]*

Title _____

TEXACO Inc.

(Company or Operator)

By: *[Signature]*
(Signature)

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

Name **W. B. Hubbard**

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