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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 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 11, 1961**
(Place) (Date)

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

TEXACO Inc., **G.E. Jordan Federal NUT-2**, Well No. **2**, in **NW** $\frac{1}{4}$ **NW** $\frac{1}{4}$,
(Company or Operator) (Lease)
D, Sec. **15**, T **25-S**, R **32-E**, NMPM., **Paduca - Delaware** Pool

Unit Letter

Lee

Please indicate location:

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

County. Date Spudded **12-31-60** Date Drilling Completed **1-5-61**
Elevation **3452' (DF)** Total Depth **4745'** PBD **4717'**

Top Oil/ Gas Pay **None** Name of Prod. Form. **Delaware Sand**

PRODUCING INTERVAL -

Perforations **4688' to 4694' and 4700' to 4711'**

Open Hole **None** Depth **4745'** Depth **4711'**
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): **198** bbls. oil, **0** bbls water in **12** hrs, **0** min. Size **20/64"** Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
7-5/8"	348'	250
4-1/2"	4735'	150
2-3/8"	4703'	

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 **January 10, 1961**
Press. **Packer** Press. **300** oil run to tanks

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

Gas Transporter **None**

Remarks: **Perforate 4-1/2" O.D. casing with 2 jet shots per ft from 4688' to 4694' and 4700' to 4711'. Acidise with 250 gals 15% LST NEA followed with 250 gals Gel acid and 250 lbs crushed naphthalene. Re-acidise with 250 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)

By **W. B. Hubbard**
(Signature)

Title **Assistant District Superintendent**

Send Communications regarding well to:

Name **W. B. Hubbard**

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

OIL CONSERVATION COMMISSION

By _____

Title _____