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# NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104)  
Revised 7/1/57

## REQUEST FOR (OIL) - ~~WATER~~ ALLOWABLE

New Well

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.

Midland, Texas

April 19, 1961

(Place)

(Date)

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

Texaco Inc.

Cotton Branch Unit

Well No. 44, in 1/4 1/4

(Company or Operator)

(Lease)

Unit Letter

Sec. 21, T. 23S, R. 32E, NMPM., Paducah Refinery Pool

10a

County. Date Spudded April 6, 1961 Date Drilling Completed April 14, 1961

Please indicate location:

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

Elevation 1997.9' HT Total Depth 4799' TD PBD 4754' PBD

Top Oil Pay 4630' Name of Prod. Form. Paducah Refinery

PRODUCING INTERVAL -

Perforations

Open Hole Depth Casing Shoe Depth Tubing

OIL WELL TEST -

Natural Prod. Test: 59.57 bbls, oil, No bbls water in No hrs, 24 min. Choke Size 10/64

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): bbls, oil, bbls water in hrs, min. Choke Size

GAS WELL TEST -

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

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):

Casing Press. 1400 Tubing Press. 2000 Date first new oil run to tanks April 17, 1961

Oil Transporter The Permian Corporation - Box 1157 Midland, Texas

Gas Transporter

Remarks:

ILLEGIBLE

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: (Signature)

Title Asst. to Dir. Mgr.

Send Communications regarding well to:

Name Texaco Inc. Box 1157 Midland, Texas

Address

OIL CONSERVATION COMMISSION

By: (Signature)

Title

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