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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This well is in the Cotton Draw Unit

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, March 6, 1961**

(Place)

(Date)

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

TEXACO Inc. **Cotton Draw Unit**, Well No. **16**, in **NE 1/4**, **NW 1/4**,
(Company or Operator) (Lease)
C, Sec. **22**, T. **25-S**, R. **32-E**, NMPM, **Undesignated** Pool
Unit Letter

Lea

County. Date Spudded **Feb. 17, 1961** Date Drilling Completed **Feb. 23, 1961**

Please indicate location:

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

Elevation **3412' (GR)** Total Depth **4763'** PBD **4751'**

Top Oil/Water Pay **4690'** Name of Prod. Form. **Delaware Sand**

PRODUCING INTERVAL -

Perforations **4690' to 4696' and 4699' to 4705'**

Open Hole **None** Depth **4762'** Casing Shoe **4762'** Tubing **4762'**

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): **141** bbls. oil, **80** bbls. water in **16** hrs, **0** min. Size **Swab**

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
7 5/8"	317	250
2 7/8"	4752	200

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 **March 1, 1961**
Press. **Swab** Press. **Swab** oil run to tanks

Oil Transporter **The Permian Corporation**

Gas Transporter **None**

Remarks: **Perforate 2 7/8" O.D. tubing (casing) with 2 jet shots per ft. 4690' to 4696', 4699' to 4705'. Acidize with 250 gals. 15% LST NEA, 250 Gals. Gel acid, 250 lbs. crushed Napthalene, and 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)

OIL CONSERVATION COMMISSION

By: _____

Title _____

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

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

Name **W. B. Hubbard**

Address **Box 352, Midland, Texas**