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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

HOBBS OFFICE 000

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 728

Hobbs, New Mexico August 1, 1961

(Place)

(Date)

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

TEXACO Inc. Cotton Draw Unit, Well No. 53, in SW $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)
E, Sec. 28, T25-S, R. 32-E, NMPM., Undesignated Pool
Unit Letter

Lea

County. Date Spudded July 17, 1961 Date Drilling Completed July 25, 1961

Please indicate location:

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

Elevation 3390' (D.F.) Total Depth 4738' PBDT 4710'

Top Oil/Gas Pay 4610' Name of Prod. Form. Delaware Sand

PRODUCING INTERVAL -

Perforations 4610' to 4622'

Open Hole None Depth 4737' Depth Casing Shoe 4737' Depth Tubing 4610'

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): 40 bbls. oil, 16 bbls water in 24 hrs, 0 min. Size Swab Choke

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): See Remarks

Casing _____ Tubing _____ Date first new _____
Press. Swab Press. Swab oil run to tanks July 30, 1961

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter None (TSTM)

Remarks: Perforate 4-1/2" O.D. casing with 2 jet shots per ft. 4610' to 4622'.
Acidize with 500 Gals 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: [Signature]
(Signature)

Title Assistant District Superintendent

Send Communications regarding well to:

Name _____

Address P.O. Box 728 - Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: [Signature]

Title _____