

C. DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
REGISTRATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

HOBBS OFFICE ^{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. Box 728**

Hobbs, New Mexico **April 12, 1962**
(Place) (Date)

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

TEXACO Inc. **G. L. Erwin (a)**, Well No. **1**, in **SE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)
N, **Sec. 35**, **T. 24-S**, **R. 37-E**, **NMPM.**, **Drinkard** Pool
Unit Letter

Lea

Please indicate location:

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

County. **Date Spudded** **2-24-62** **Date Drilling Completed** **3-29-62**

Elevation **3184' (D.F.)** Total Depth **7180'** PBD **7157'**

Top Oil/Gas Pay **6027'** Name of Prod. Form. **Drinkard**

PRODUCING INTERVAL -

Perforations **See Remarks**

Open Hole **--** Depth **6312'** Depth Casing Shoe **6312'** Depth Tubing **6312'**

OIL WELL TEST -

Natural Prod. Test: **--** bbls. oil, **--** bbls water in **--** hrs, **--** min. Size **--**

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **105** bbls. oil, **2** bbls water in **24** hrs, **0** min. Size **24/64"**

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 Press. **--** Tubing Press. **100#** Date first new oil run to tanks **April 6, 1962**

Oil Transporter **The Permian Corporation**

Gas Transporter **None - To be connected later.**

Remarks: **Perforate 2-3/8" O.D. casing from 6027' to 39', 6050' to 56', 6061' to 67', 6074' to 84', 6108' to 10'. Acidize with 1000 gals. LST NEA. Swab well.**

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 **TEXACO Inc.**

Address **Box 728-Hobbs, New Mexico**

OIL CONSERVATION COMMISSION

By: **[Signature]**
Title