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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-101)
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. - PO Box 728 Hobbs, New Mexico** **March 26, 1962**

(Place)

(Date)

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

TEXACO Inc., **G. L. Erwin "b" NCT-2**, Well No. **2**, in **NW 1/4 SE 1/4**,
(Company or Operator) (Lease)
J, Sec. **35**, T. **24-S**, R. **37-E**, **NMPM.**, **Siluro - Devonian** Pool
Unit Letter
Lea County. Date Spudded **Nov. 10, 1961** Date Drilling Completed **Feb 2, 1962**

Please indicate location:

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

Elevation **3179' (D.F.)** Total Depth **9437'** PBD **7500'**

Top Oil/Gas Pay **7022'** Name of Prod. Form. **Devonian**

PRODUCING INTERVAL -

Perforations **7022' to 7036', and 7042' to 7050'**

Open Hole **None** Depth Casing Shoe **7496'** Depth Tubing **7496'**

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, **15** bbls water in **24** hrs, **0** min. Size **18/64"** Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sx
16"	230	335
11 3/4"	3437	1300
*2 3/8"	7485	1760

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. **250** Date first new oil run to tanks **March 16, 1962**

Oil Transporter **The Permian Corporation**

Gas Transporter **None (To be connected later)**

Remarks: ***5 strings 2 3/8" Casing cemented with 1760 Sx Incor with 8 % Gel. Perforate 2 3/8" casing with 2 jet shots per ft 7022' to 7036', and 7042' to 7050'. Acidize with 500 Gals. 1ST NEA, Re-acidize with 1000 Gals 1ST NEA and 250 Gals Gelled acid, Re-acidize with 5000 Gals 1ST NEA and 150 Gals Gel Acid.**

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19____

OIL CONSERVATION COMMISSION

By: _____

Title _____

TEXACO Inc.

(Company or Operator)

By: *H. N. Wade* (Signature)

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

Name **H. N. Wade**

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