

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

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.** P. O. 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., North Justis Tubb Drinkard Pool
Unit Letter

Lea County. Date Spudded Nov. 10, 1961 Date Drilling Completed Feb. 2, 1962
Elevation 3179' (D.F.) Total Depth 9437' PBD 7500'

Please indicate location:

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

Top Oil/Gas Pay 5990' Name of Prod. Form. Drinkard

PRODUCING INTERVAL -

Perforations See remarks

Open Hole None Depth Casing Shoe 7100' Depth Tubing 7100'

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): 48 bbls. oil, 10 bbls water in 12 hrs, 0 min. Size 15/64" 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"	7084	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

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. 6072' to 6079', 6062' to 6066'
6026' to 6030', 6015' to 6022', 6000' to 6005', and 5990' to 5994'. Acidize
with 1000 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: H. N. Wade

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

OIL CONSERVATION COMMISSION

By: [Signature]
Title: _____