NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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(Form C-101) Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

Form C- able will	104 is to be assign	be subr ned effe	nitted in ζ ctive 7:00	y the operator before an initial allowable will be assigned to any completed Oil or Gas well. UADRUPLICATE to the same District Office to which Form C-101 was sent. The allow- A.M. on date of completion or recompletion, provided this form is filed during falendar tion. The completion date shall be that date in the case of an oil well when new oil is deliv- t be reported on 15.025 psia at 60° Fahrenheit. TEXACO Inc., P. 10. Box 728
WE AR	E HERE	BY RE	QUESTI	Hobbs, New Mexico June 2121962 (Place) (Date) NG AN ALLOWABLE FOR A WELL KNOWN AS:
I	TEXAC (Compan)	o Ind or Ope	c. (rator) 35	I. Erwin "b" NCT-2, Well No
Uan Leinr Lea				County. Date Spudded 2-8-62 Date Drilling Completed 3-29-62 Elevation 3161' (D.F.) Total Depth 3540' PBTD
	Please indica		A	Top Oil/Gax Pay 6966! Name of Prod. Form. Fusselman
		B		PRODUCING INTERVAL - Perforations See attached.
E	F	G.	H	Open HoleCasing Shoe_74061 Tubing_74061
L	K	J	I	OIL WELL TEST - Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
M	N	0	X P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): <u>104</u> bbls.oil, <u>0</u> bbls water in <u>12</u> hrs, <u>0</u> min. Size <u>24/</u> 64"
				GAS WELL TEST -
Tubing , Casing and Cementing Record Method of Testing (pitot, back pressure, etc.):				
Siz	Size Feet Sax		5ax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed Choke SizeMethod of Testing:
16"		2641	300	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
			1200	sand): See attached.
2-7/	/8" 7 3	3951	*3624	Casing Tubing Date first new June 19, 1962 Press. 800* Press oil run to tanks June 19, 1962 Gil Transporter The Permian Corporation
				Gas Transporter To be connected later.
Remarks: *Cement 4 strings with 3624 sx.				
I hereby certify that the information given above is true and complete to the best of my knowledge. TEXACO Inc.				
Approv				Company of Operator) I COMMISSION By:
By: Title_ <u>Assistant District Superintendent</u> Send Communications regarding well to:				
 Title	••••••			Name H. N. Wade
				Address P. O. Box 728, Hobbs, New Mexico

G. L. ERWIN "b" NCT-2 #3

Due to communication between zones a new potential was necessary on the Fusselman zone after well was reworked. We request the first potential be voided.

Perforate 2-7/8" O. D. casing 6966' to 6971', 6993' to 6996', 7010' to 7020' with 2 jet shots per foot. Acidize with 250 gals. LSTNEA.