NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

(Form C-194)
Revised 7/1/57

REQUEST FOR (O!L) - (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.

				1	(Place)	co, septe	mper I	, 1902 (Date)		
WE ARE	HERE	BY RI	EQUESTIN	NG AN ALLOWABLE F	OR A WELL KNOWN	AS:		a		
TEXACO	Inc	. <u>G</u> .	L. Erw	in "b" NCT-2	, Well No	2, ir	SE ¼	SE	.1/4 ,	
P	Latter	, Sec.	35	(Leas , T. 24-S , R. 37	-E, NMPM., Nort					
Lea				County. Date Spudded.	<u>7-19-62</u> ba	te Drilling Com	pleted 9	1-62		
Please indicate location:				Elevation 3109 (D	.F.) Total Depth	0150	FB10_ <u>U1</u>	11		
۵	С	В	A	PRODUCING ANTERVAL -	<u> </u>					
E	F	G	H	Perforations See	Remarks Depth Casing Shoe	81501	Depth Tubing	8150'		
L	К	J	I		bb.s.oil,			min. Si		
М	N	0	P	Test After Acid or Fraction of Fraction 135	ture Treatment (after reco _bbls.oil,bbls	very of volume water in 12	of oil equal	to volume Choke nin. Size	of <u>8/</u> 64	
				Natural Prod. Test:	MOF/Day; ho	urs flowed	Choke Si	ze		
Tubing ,	Gasing	and Cema	enting Recor	d Rethod of Testing (bito	t, back pressure, etc.):					
Size		Feet	Sax	Test After Sold or Frac	ture Treatment:	MOF/	Day; Hours f	lowed		
16'	13	2381	300		hod of Testing:				====	
13-3	/8"	91'	*1000	1	ent (Give amounts of mater amariks					
11-3,	/4 3	397 :	*1000	Casing Tuoing Fress. Press.	$\frac{\mathtt{amarks}}{500\%}$ pate first new	Septer	mber 9,	1962		
2.5		Online	Y 22 000	Cil Transporter Texa	as-New Mexico P	ipeline C	ompany		_	
			**1800	Gas Transporter None	e - (To be conn	ected lat	er)	tnings		
Remarks with	: * 0	emen O sx	t both . Perf	13-3/8" & 11-3/9 Corate 2-7/8" 0.	With 1000 sx D. casing 8067	**Cem " to 8075	ent 4 s	2 Jet		
sho	ts pe	r fo	ot. Ac	cidize with 500 primation given above is t	gals LSTNEA. R	eacidize est of my knov	with 1	_000 ga	.1s	
				, 19	31/ G 7 / 1 / 1 1	nc.				
				COMMISSION	Ву:					
)				Title Assistant District Superintendent Send Communications regarding well to:				
Title	• • • • • • • • • • • • • • • • • • • •	<i>!</i>			Name J. G; E	levins,	Jr			
					Address P. O.	Box 728,	Hobbs,	New_Me	exico	