

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
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 352, Midland, Texas, May 23, 1960
(Place) (Date)

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

TEXACO Inc. (Company or Operator) **Royalty Holding Company** (Lease), Well No. **1**, in **SW** $\frac{1}{4}$ **NW** $\frac{1}{4}$.

E (Unit Letter), Sec. **19**, T. **24-S**, R. **38-E**, NMPM **Dollarhide Queen** Pool

Lea County. Date Spudded **9-5-57** Date Drilling Completed **10-17-57**

Please indicate location:

| | | | |
|----------|---|---|---|
| D | C | B | A |
| E | F | G | H |
| Y | K | J | I |
| M | N | O | P |

Elevation **3155'** Total Depth **6830'** FBTL **6810'**

Top Oil/Gas Pay **3676'** Name of Prod. Form. **Queen**

PRODUCING INTERVAL -

Perforations **3676' to 3681', 3698' to 3607', 3710' to 3716' and 3720' to 3736'**
Open Hole **None** Casing Shoe **6830'** Depth **3521'** Tubing **3736'**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **160** bbls. oil, **None** bbls. water in **8** hrs, **0** min. Choke Size **16/64"**

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 _____ Tubing _____ Date first new _____
Press. **1025** Press. **725** oil run to tanks **May 20, 1960**

Oil Transporter **Permian Oil Company (Trucks)**

Gas Transporter **El Paso Natural Gas**

Remarks: **Perforate 5-1/2" O.D. casing from 3676' to 3681', 3698' to 3607', 3710' to 3716' and 3720' to 3736'. Acidize with 500 gals regular 15% acid at 2200#. Frac with 15,000 gals refined oil and 22,500 lbs sand at 25.6 BPM.**

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

Approved **May 23**, 19 **60**

TEXACO Inc.

(Company or Operator)

By: _____

(Signature)

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

Name **J. G. Blevins, Jr.**

Address **P. O. Box 352, Midland, Texas**

OIL CONSERVATION COMMISSION

By: _____

Title _____