NEW M' ''ICO OIL CONSERVATION COMMISS'ON 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 aftigned to asyspring etco 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 galendar 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.

				Hobbs, New Mexico 10-22-53 (Place) (Date)
WE AF	RE HER	EBY RI	EQUESTI	ING AN ALLOWABLE FOR A WELL KNOWN AS:
<u>T</u> EX	ACO I (Compar)	nc. ay or Ope	St. of rator)	<u>N. M. "BZ" NOT-10</u> , Well No. <u>4</u> , in <u>SN</u> . <u>14</u> . <u>SN</u> . <u>14</u> , (Lease)
	n Lotter	, Sec.	2	T. 25-3, R. 37-E, NMPM, North Justis Tubb (Drnk) Pool
•	Lea			County. Date Spudded 3-22-53 Date Drilling Completed 5-9+53
	Please in			Elevation_ <u>3151 (D1')</u> Total Depth <u>0240</u> BTD <u>0225</u>
D	C	В	A	Top Oil/Gase Pay6002Name of Prod. FormDrinkard
-			A	PRODUCING INTERVAL -
E	F	G	u	Perforations $\underline{5002}, \underline{5003}, \underline{5012}, \underline{6013}, \underline{5030}, \underline{6031}, \underline{5055}, \underline{5056}, \underline{5032}, \underline{50831}, $
	, r	G	H	Open Hole None Casing Shoe 6240 Tubing None 3083° .
	 	<u>├</u>		OIL WELL TEST -
L	K	J	I	Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
				Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	N	0	P	load oil used): 335 bbls.oil, O bbls water in 24 hrs, O min. Size $24/54$
Х				GAS WELL TEST -
				Natural Prod. Test:MCF/Day; Hours flowedChoke Size
Tubing	,Casing e	and Ceme	nting Reco	
Su	c	Feet	Sax	Test After Acid or Fracture Treatment:MDF/Day; Hours flowed
	11	242	350	Choke SizeWethod of Testing:
11-3	<u>/</u>	646	<u></u>	
8-5	/8 3	489	850	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
				sand): <u>See Remarks</u> Casing Tubing Date first new Press. <u>300#</u> Pressoi_run to tanks10-12-53
2-7	78 6	230	*	
2-7	78 5	228	, *	Oil Transporter <u>Texas</u> - <u>New Mexico</u> Pipeline Company
Remark	<u>/</u>		ted oc	Gas Transporter To be connected later.
				gallons of 15% LSTNE.
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ть	ereby ce	rtify the	t the info	ormation given above is true and complete to the best of my knowledge?
				TEXACO Inc.
11pprot	· · · · · · · · · · · · · · · · · · ·	••••		(Company or Operator)
	OIL C	ONSER	VATION	COMMISSION By:
/				(Signature)
By				Title Asst. District Superintendent Send Communications regarding well to:
Title				
				Name J. G. Blevins, Jr.
				Address P. O. Drawer 728, Hobbs, N. M.