

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

**TEXACO Inc.**..... **May 17, 1960**  
(Place)..... (Date)

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

**TEXACO Inc.**..... **E. D. Fanning**....., Well No. **6**....., in **NW**  $\frac{1}{4}$  **NW**  $\frac{1}{4}$ ,  
(Company or Operator)..... (Lease)

**D**....., Sec. **4**....., **T. 24-S**....., **R. 37-E**....., **NMPM**....., **Langlie Mattix**..... Pool  
Unit Letter

**Lea**

County. **Deaf** Date Spudded **March 30, 1960** Date Drilling Completed **April 12, 1960**

Please indicate location:

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

Elevation **DF 3285'**..... Total Depth **3680'**..... PBD **3679'**

Top Oil/Max Pay **3498'**..... Name of Prod. Form. **Queen**

PRODUCING INTERVAL -

Perforations **3498 to 3506, 3567 to 3574, 3578 to 3583, 3595 to**

Open Hole **None**..... Depth **3680**..... Depth **3480**..... **3597**  
Casing Shoe..... Tubing

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 Choke  
load oil used): **55** bbls. oil, **0** bbls water in **24** hrs, **0** min. Size **Swab**

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. **200** Press. **Swab** oil run to tanks **May 13, 1960** **AC-3931**

Oil Transporter **Texas-New Mexico Pipe Line**

Gas Transporter **El Paso Natural Gas**

Remarks: **Perforate 4 1/2" O.D. casing with 2 jet shots per ft. from 3498 to 3506, 3567 to 3574, 3578 to 3583, and 3595 to 3597. Acidize with 500 gals. regular acid at 6 BPM. Frac with 15,000 gals. refined oil and 15,000 lbs. sand using 600 gals. kerosene and 900 lbs. crushed moth balls between 2,000 gal. stages at 19 BPM.**

Approved....., 19.....

**OIL CONSERVATION COMMISSION**

By:.....

Title.....

**TEXACO Inc.**

(Company or Operator)

By:.....

(Signature)

Title **Asst. Dist. Superintendent**

Send Communications regarding well to:

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

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