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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-10)
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. **TEXACO Inc., P. O. Box 728 Hobbs, New Mexico** July 25, 1961

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

TEXACO Inc. **E. D. Fanning**, Well No. **7**, in **SW** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)
G, Sec. **5**, T. **24-S**, R. **37-E**, NMPM., **Jalmat (Gas)** Pool
Unit Letter **Lea**

County. Date Spudded **June 9, 1961** Date Drilling Completed **June 17, 1961**
Elevation **3294'** (D.R.) Total Depth **3687'** PBD **3239'**

Please indicate location:

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

Top **124'** Gas Pay **3064'** Name of Prod. Form. **Yates**

PRODUCING INTERVAL -

Perforations **See attached sheet.**

Open Hole **None** Depth **3687'** Depth **3050'**
Casing Shoe Tubing

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): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	S&W
7-5/8"	1175	580
4-1/2"	3678	500
2-3/8"	3040	

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: **2200** MCF/Day; Hours flowed **20**

Choke Size **20/64"** Method of Testing: **Back Pressure**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **See attached sheet.**

Casing Press. **500** Tubing Press. **490** Date first new oil run to tanks **None**

Oil Transporter **None**

Gas Transporter **Shut In - Pending Market**

Remarks: **See attached sheet.**

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

Approved: _____, 19____

TEXACO Inc.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: **J. G. Blevins, Jr.**
(Signature)
Title **Assistant District Superintendent**

By: _____
Title _____

Send Communications regarding well to:
Name **J. G. Blevins, Jr.**
Address **P.O. Box 728, Hobbs, New Mexico**