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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator Texaco Oil Company  
 Address Box 1031, Hobbs, N.M.  
 Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**I. DESCRIPTION OF WELL AND LEASE**  
 Lease Name Cambell Technical Well No. 1 Pool Name, including Formation Vada Pennsylvanian Kind of Lease State, Federal or Fee Lease No. NM 509  
 Location  
 Unit Letter F : 1980 Feet From The North Line and 1944 Feet From The West  
 Line of Section 7 Township 9-S Range 36-E , NMPM, Lea County

**II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  or Condensate   
Pirminian Corp. Trucks Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119, Hobbs, N.M. 75221  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
Warren Petroleum Corp. Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma  
 If well produces oil or liquids, give location of tanks. Unit C Sec. 7 Twp. 9-S Rge. 36-E Is gas actually connected? Yes When Indefinite

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**V. COMPLETION DATA**

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Rest'v.	<input type="checkbox"/> Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>8-14-69</u>	<u>9-16-69</u>	<u>9975</u>	<u>9918</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>4100 GR</u>	<u>Truys C</u>	<u>9765</u>	<u>9750</u>					
Perforations	Depth Casing Shoe							
<u>9766-9778 and 9782-9792 w/ 1-1/2" JS on 2' spacing</u>								

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2</u>	<u>13 3/8</u>	<u>353</u>	<u>375 SH</u>
<u>11 3/8</u>	<u>8 5/8</u>	<u>4100</u>	<u>1000 SH</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>9975</u>	<u>210 SH</u>

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>9-20-69</u>	<u>9-20-69</u>	<u>Pressure</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hours</u>			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>1419</u>	<u>367</u>	<u>1052</u>	<u>349</u>

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

**VI. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

W L G. H. ...  
(Signature)  
Production Chief  
(Title)  
September 22, 1969  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED [Signature], 19\_\_\_\_  
 BY [Signature]  
 TITLE SUPERVISOR

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowable on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
 Separate Forms C-104 must be filed for each pool in multiply

Deviation Survey

<u>Depth</u>	<u>Degree</u>
353	1/2 3/4
850	3/4
1330	3/4
2251	1/2 3/4
2750	1/2 3/4
3242	1/4
3848	1/4
4100	1/4
4644	3/4
4850	3/4
5235	3/4
5561	3/4
6050	3/4
6435	1/4
6910	1/4
7255	1
7450	3/4
7765	1/2
8109	1/2
8240	3/4
8450	3/4
8645	1 1/4
8811	1 1/4
9390	1
9715	1
9970	1

I believe above are true and correct to the best of my knowledge

W. L. Hatfield

Sworn to and subscribed 22nd day of September 1969

Jeanne Ozmen  
Notary Public in and for  
Mishawaka County, Texas