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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

40078  
25 74 '65  
C.C.C.

I. Operator **TEXACO Inc.**

Address **P. O. Box 728 - Hobbs, New Mexico**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State of New Mexico "M"</b>	Well No. <b>8</b>	Pool Name, Including Formation <b>Vacuum Glorieta</b>	Kind of Lease <b>State, Federal or Fee</b>	State
Location				
Unit Letter <b>C</b>	<b>330</b>	Feet From The <b>North</b>	Line and <b>1880</b>	Feet From The <b>West</b>
Line of Section <b>1</b>	Township <b>18-S</b>	Range <b>34-E</b>	NMPM,	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Texas-New Mexico Pipe Line Company</b>	<b>P. O. Box 1510 - Midland, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>TEXACO Inc.</b>	<b>P. O. Box 728 - Hobbs, New Mexico</b>
If well produces oil or liquids, give location of tanks.	Unit <b>0</b> Sec. <b>36</b> Twp. <b>17-S</b> Rge. <b>34-E</b>
Is gas actually connected?	When <b>February 27, 1965</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **PLC-4**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
<b>OIL</b>	<b>NO</b>	<b>NEW</b>	<b>NEW</b>	<b>NEW</b>	<b>NEW</b>	<b>NEW</b>	<b>NEW</b>	<b>NEW</b>
Date Spudded <b>February 5, 1965</b>	Date Compl. Ready to Prod. <b>February 27, 1965</b>	Total Depth <b>6250'</b>	P.B.T.D. <b>6216'</b>					
Pool <b>Vacuum Glorieta</b>	Name of Producing Formation <b>Glorieta</b>	Top Oil/OG Pay <b>5962'</b>	Tubing Depth <b>6076'</b>					
Perforations <b>Perforate 4 1/2" liner with one jet shot at 5962', 5969', 6076', 6079', 6087', and 6092'.</b>		Depth Casing Shoe <b>6248'</b>						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>15"</b>	<b>10 3/4"</b>		<b>1485'</b>		<b>1200 Sx.</b>			
<b>9 7/8"</b>	<b>7 5/8"</b>		<b>3400'</b>		<b>800 Sx.</b>			
<b>6 3/4"</b>	<b>4 1/2"</b>		<b>6248'</b>		<b>380 Sx.</b>			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 <b>February 25, 1965</b>	Date of Test <b>February 27, 1965</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24 Hours</b>	Tubing Pressure <b>90</b>	Casing Pressure <b>- - -</b>	Choke Size <b>32/64"</b>
Actual Prod. During Test <b>358</b>	Oil - Bbls. <b>358</b>	Water - Bbls. <b>NONE</b>	Gas - MCF <b>225.5</b>

GAS WELL

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

**H. D. Raymond**  
Assistant District Superintendent  
(Title)

**March 1, 1965**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_  
TITLE \_\_\_\_\_

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 Sections I, II, III, and VI only 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 completed wells.

I H. D. Raymond being of lawful age and being  
the Assistant District Supt. for TEXACO Inc., do state  
that the deviation record which appears on this form is  
true and correct to the best of my knowledge.

H. D. Raymond  
H. D. Raymond

Subscribed and sworn to before me this 25th day of  
February, 1965.

My commission expires October 20, 1966.

Notary ~~Public~~ R. E. Johnson

for Lea County, State of New Mexico

Lease State of New Mexico "M" Well No. 8

Deviation Record

Depth .

Degrees Off

400'	1/4
965'	1/2
1307'	1 1/4
1430'	1
1820'	1
2018'	3/4
2606'	2 3/4
2943'	2 1/4
3210'	2
3720'	1
3953'	1/2
4166'	3/4
4380'	1/2
4790'	1
5060'	1 1/2
5270'	2 1/4
5800'	1 1/4
6250'	1 1/4