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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

HOBBS OFFICE O. O. C.  
DEC 30 10 10 AM '65

I. Operator  
**TEXACO Inc.**  
Address  
**P. O. Box 728 - Hobbs, New Mexico**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **State of New Mexico "CW" NCT-1** Well No. **1** Pool Name, Including Formation **Midway-Abo** Kind of Lease **State, Federal or Fee**  
Location  
Unit Letter **K** ; **1983** Feet From The **South** Line and **1906** Feet From The **West**  
Line of Section **18** , Township **17-S** Range **37-E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**TEXACO Inc. (Trucks)** Address (Give address to which approved copy of this form is to be sent)  
**P. O. Box 728 - Hobbs, New Mexico**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**NONE - To be connected later** Address (Give address to which approved copy of this form is to be sent)  
If well produces oil or liquids, give location of tanks. Unit **K** Sec. **18** Twp. **17-S** Rge. **37-E** Is gas actually connected? **NO** When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well YES	Gas Well NO	New Well NEW	Workover NEW	Deepen NEW	Plug Back NEW	Same Res'v. NEW	Diff. Res'v. NEW
Date Spudded <b>October 1, 1965</b>	Date Compl. Ready to Prod. <b>December 28, 1965</b>	Total Depth <b>9600'</b>	P.B.T.D. <b>9568'</b>					
Pool <b>Wildcat</b>	Name of Producing Formation <b>Midway-Abo</b>	Top Oil/Gas Pay <b>9022'</b>	Tubing Depth <b>9000'</b>					
Perforations <b>Perforate 4 1/2" O. D. Casing with two jet shots at 9022' &amp; 9024'.</b>			Depth Casing Shoe <b>9600'</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>15"</b>	<b>11 3/4"</b>	<b>351'</b>	<b>300 Sx.</b>					
<b>10 5/8"</b>	<b>8 5/8"</b>	<b>3204'</b>	<b>1000 Sx.</b>					
<b>7 7/8"</b>	<b>4 1/2"</b>	<b>9600'</b>	<b>1150 Sx.</b>					

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 <b>December 24, 1965</b>	Date of Test <b>December 28, 1965</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 Hours</b>	Tubing Pressure <b>Pump</b>	Casing Pressure <b>Pump</b>	Choke Size <b>Pump</b>
Actual Prod. During Test <b>238</b>	Oil - Bbls. <b>60</b>	Water - Bbls. <b>178</b>	Gas - MCF <b>28.5</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.

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

**December 29, 1965**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 30 1965**, 19  
BY  
TITLE **Engineer District 1**

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.