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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

**I. Operator**

Operator: **TEXACO Inc.**

Address: **P. O. Box 728 Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box) Other (Please explain)

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 \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Cotton Draw Unit</b>	Well No. <b>69</b>	Pool Name, including Formation <b>North Paduca- Delaware Undesignated R-3381</b>	Kind of Lease State, Federal or Fee
Location Unit Letter <b>K</b> ; <b>1980</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>West</b>			
Line of Section <b>34</b> , Township <b>24-S</b> Range <b>32-E</b> , NMPM, <b>Lea</b> 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"/> <b>TEXACO (Trucks)</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 728 Hobbs, New Mexico 88240</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Vented</b>	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 Sec. Twp. Rge. Is gas actually connected? When
<b>K 34 24-S 32-E</b>	<b>No</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **None**

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	Yes	No	New	New	New	New	New	New
Date Spudded <b>October 24, 1967</b>	Date Compl. Ready to Prod. <b>November 28, 1967</b>		Total Depth <b>4937'</b>		P.B.T.D. <b>4924'</b>			
Pool <b>Undesignated</b>	Name of Producing Formation <b>Delaware Sand</b>		Top Oil/XXX Pay <b>4795'</b>		Tubing Depth <b>4755'</b>			
Perforations <b>4795' to 4800'</b>					Depth Casing Shoe <b>4755'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>9 7/8"</b>	<b>7 5/8"</b>		<b>425</b>		<b>250</b>			
<b>6 3/4"</b>	<b>4 1/2"</b>		<b>4937</b>		<b>200</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>November 16, 1967</b>	Date of Test <b>November 28, 1967</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 Hr</b>	Tubing Pressure <b>Pump</b>	Casing Pressure <b>Pump</b>	Choke Size <b>Pump</b>
Actual Prod. During Test <b>61</b>	Oil - Bbls. <b>23</b>	Water - Bbls. <b>38</b>	Gas - MCF <b>76</b>

**GAS WELL**

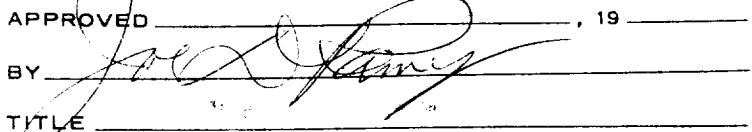
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

**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.

  
(Signature)  
**Assistant District Superintendent**  
(Title)  
**November 28, 1967**  
(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.