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FILE 1-  
U.S.G.S.  
LAND OFFICE  
TRANSPORTER OIL  
GAS  
OPERATOR 2  
PRORATION OFFICE

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

Replaces Old C-104 and C-110  
Effective 1-1-65

RECEIVED

I. TEXACO Inc.

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

Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☒ Change in Transporter of:  
Completion ☐ 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 <u>L. R. Manning 'A' Fed</u>	Well No. <u>5</u> Pool Name, including Formation <u>Leo Lee</u>	Kind of Lease State, Federal or Fee <u>CC 21972A</u>
Location Unit Letter <u>C</u> <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>21</u> Township <u>18-S</u> Range <u>30-E</u> NMPM, <u>Eddy</u> 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"/> <u>TEXACO Inc. (Trucks)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 728 - Hobbs, New Mexico</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Flared</u>	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 <u>C</u> Sec. <u>21</u> Twp. <u>18-S</u> Rge. <u>30-E</u> Is gas actually connected? <u>NO</u> 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'ty. <input type="checkbox"/>	Diff. Res'ty. <input type="checkbox"/>
February 7, 1967	March 8, 1967	3300'	3274'					
Pool <u>Leo</u>	Name of Producing Formation <u>Queen Grayburg</u>	Top Oil/Gas Pay <u>2602'</u>	Tubing Depth <u>2590'</u>					
Perforations <u>2 jet shots @ 2602, 08, 24, 53, 74, 86, 2745, 2801, 10, 30, 71, 92, 2911, 21, 36, 48, 57, 76, 3022, 50, 59, 71, 3196, 98, 3218 + 3234</u>				Depth Casing Shoe <u>3300</u>				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>9 7/8"</u>	<u>7 5/8"</u>	<u>480'</u>	<u>725 Sx.</u>					
<u>4 1/2" 6 3/4"</u>	<u>6 3/4" 4 1/2"</u>	<u>3300'</u>	<u>800 Sx.</u>					

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 <u>March 1, 1967</u>	Date of Test <u>March 8, 1967</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 Hours</u>	Tubing Pressure <u>Pump</u>	Casing Pressure <u>Pump</u>	Choke Size <u>Pump</u>
Actual Prod. During Test <u>20</u>	Oil-Bbls. <u>19</u>	Water-Bbls. <u>1</u>	Gas-MCF <u>7.5</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate <u>70</u>
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.

Dan Gillette  
Assistant District Superintendent  
(Title)

March 8, 1967  
(Date)

OIL CONSERVATION COMMISSION

MAR 9 1967

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

BY W. A. Gressett

TITLE OIL AND GAS INSPECTOR

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 calculation 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.

copy to J. H.

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

Dan Gillett  
Dan Gillett

Subscribed and sworn to before me this the 1st day of March,  
19 67.  
My commission expires October 20, 1966.

R. E. Johnson  
Notary Public in and for Lea County,  
State of New Mexico.

Lease L. R. Manning "A" Fed. Well No. 5

DEVIATION RECORD

DEPTH

DEGREES OFF

420'  
950'  
1130'  
1450'  
1940'  
2220'  
2440'  
2660'  
2900'  
3080'  
3188'  
3275'  
3300'

1/2  
1  
1 1/4  
1 1/4  
1 1/2  
1 1/4  
1  
3/4  
3/4  
1  
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1  
1

RECEIVED

MAR 9 1967