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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

RECEIVED

JUN 6 1966

O. C. C.
ARTERIA, OFFICE

I.

Operator		TEXACO Inc.	
Address		P. O. Box 728 - Hobbs, New Mexico	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletor.	<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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
N. H. State "DEF" Gas Com.	1	Indian Basin-Upper Penn	State, Federal or Fee
Location			
Unit Letter	J	1650 Feet From The	South Line and 1650 Feet From The East
Line of Section	32	Township	21-S Range 23-E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/> or Condensate	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Marathon Oil Company			P. O. Box 220 - Hobbs, New Mexico
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Marathon Oil Company			P. O. Box 220 - Hobbs, New Mexico
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	J	32	21-S
			Rge. 23-E
			Is gas actually connected?
			YES
			When
			May 13, 1966

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	NO	YES	NEW	NEW	NEW	NEW	NEW	NEW
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
January 28, 1966	May 13, 1966	7095'	7030'					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Indian Basin-Upper Penn	Pennsylvanian	6902'	6830'					
Perforations	Perforate 4 1/2" Casing with 2 jet shots at 6902' to 6916', 6925' to 6950', 6966' to 6972', 6998' to 7006', and 7017' to 7023'.	Depth Casing Shoe	7095'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15"	11 3/4"	267'	350 Sx.					
10 5/8"	8 5/8"	2281'	1200 Sx.					
7 7/8"	4 1/2"	7095'	200 Sx.					

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
10,200	24 Hours	NONE	NONE
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back Pressure	2075	- - -	21/64"

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. E. Morgan
Assistant to the District Superintendent
(Signature)
(Title)

June 3, 1966.

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 6 1966, 19

BY M. L. Armstrong

TITLE DISTRICT SUPERINTENDENT

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.