

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

AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
**RECEIVED**

Effective 1-1-65

MAR 12 1973

Operator	<b>TEXACO Inc.</b>	<b>O. C. C.</b>
Address	<b>P. O. Box 728, Hobbs, New Mexico 88240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input checked="" type="checkbox"/> <i>Re Entry</i>	Change in Transporter of:	<b>* Temporary connection for drilling fuel.</b>
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead 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	<b>COM. New Mexico 'DD' State</b>	Well No.	<b>1</b>	Pool Name, Including Formation	<b>White City Pennsylvanian</b>	Kind of Lease	<b>State, Federal or Fee</b>	Lease No.	<b>L-1902</b>
Location									
Unit Letter	<b>G</b>		<b>1655</b>	Feet From The	<b>North</b>	Line and	<b>2310</b>	Feet From The	<b>East</b>
Line of Section	<b>32</b>	Township	<b>24-S</b>	Range	<b>26-E</b>		<b>NMPM,</b>	<b>Eddy</b>	County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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)					
<b>* McVay Drilling Co.</b>	<b>308 Phil Tower, Tulsa, Oklahoma 74103</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					<b>Yes</b>	<b>3-8-73</b>

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.
		<b>X</b>	<b>X</b>		<b>X</b>			
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<b>7-12-70</b>	<b>9-21-72</b>		<b>11,540'</b>		<b>11,250'</b>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<b>3415' GR</b>	<b>White City Pennsylvanian (Morrow)</b>		<b>11,020</b>		<b>10974</b>			
Perforations					Depth Casing Shoe			
<b>2 JSPF 11,020-26, 11,090-96, 11,106-18, 11,148-66'</b>					<b>11535</b>			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>13 3/4"</b>	<b>10 3/4"</b>		<b>1545'</b>		<b>1500 SX.</b>			
<b>9 7/8"</b>	<b>7 5/8"</b>		<b>7875 4993'</b>		<b>1300 950 SX.</b>			
<b>6 1/2"</b>	<b>4 1/2" liner</b>		<b>7555-11535</b>		<b>550</b>			
	<b>2 3/8"</b>		<b>10974</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	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
<b>AOF 2849</b>	<b>4 hr.</b>	<b>-</b>	<b>-</b>
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<b>Back pr.</b>	<b>1731</b>	<b>-</b>	<b>17/64"</b>

**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. A. Schaff*  
(Signature)  
**Assistant District Superintendent**  
(Title)  
**March 9, 1973**  
(Date)

**OIL CONSERVATION COMMISSION**

MAR 12 1973

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY *W. A. Gussett*  
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 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 only Sections I, II, III, and VI 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.