

DISTRIBUTION	5
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S.G.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS 2
OPERATOR	1
PRORATION OFFICE	

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

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

MAY 6 1977

I.

Operator	TEXACO Inc.	O. C. C.
Address	ARTESIA, OFFICE	
	P.O. Box 728 Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter <input type="checkbox"/>	Recompleted from Morrow to Wolfcamp
Recompletion <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner:

*P. 5511  
South Paduca to Wolfcamp Gas*

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Cotton Draw Unit	68	Paduca Wolfcamp	State, Federal or Fee Fed	NM-0503
Location:				
Unit Letter F	2310	Feet From The North	1980	Feet From The West
Line of Section 12	Township 25-S	Range 31-E	NMPM,	Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Gas	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co - TEXACO Inc		P.O. Box 1384 Jal, NM / P.O. Box 728
If well produces oil or liquids, give location of tanks.	Is gas actually connected?	When
	Yes	5-2-77

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)	Dr. Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X		X		X
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
12-19-69	5-2-77		16,868		14,030			
Elevations (DF, RKB, RT, GK, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3457' (DF)	Wolfcamp		12,895' & 12,972'		-			
Perforations	Is gas actually connected?				Depth Casing Shoe			
7 5/8" OD Csg perforated w/1-JSPF @ 12,895, 939', 963', 968'	Yes				-			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		755'		2100			
17 1/2"	13 3/8"		4415'		8250			
12 1/4"	9 5/8"		12650'		3550			
8 1/2" & 6 1/2"	7 5/8" & 5 1/2"		16,456"		668			

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.)	
5-2-77	5-2-77	Flow Gas	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
24 Hrs.	1200#	-	12/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	5	0	19,000

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
19,000	24 Hrs	5	-0-
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	8150#	-	12/64"

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.

*[Signature]*  
(Signature)  
*[Signature]*  
(Title)  
5/5/77  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 26 1977  
BY *W. A. Gussett*  
TITLE SUPERVISOR, DISTRICT II

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 recompleted wells.