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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 2
OPERATOR	1
PRODUCTION OFFICE	

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

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

RECEIVED

NOV 3 1977

TEXACO Inc

O. C. C.

ARTESIA, OFFICE

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

Reason(s) for filing (Check proper box)

New Well ☐ Designate
Recompletion ☐ for Transporter of:
Change in Ownership ☐ Oil ☐ Dry Gas ☐
Coalbed Gas ☐ Condensate ☒

Other (Please explain)

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	Lease No.
Cotton Draw Unit	68	Paduca Wolfcamp South Gas	State, Federal or Fee Federal	NM0503
Location	Unit Letter	Feet From The	Line and	Feet From The
	F	2310	North	1980
			Line and	West
Line of Section	12	Township	25-S	Range
			31-E	NMCM
				Eddy

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)
Koch Oil Company	P.O. 1558 Breckenridge, Tx 76024
Name of Authorized Transporter of Coalbed Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	PO Box 1384 Jal, New Mexico 88252
Texaco Inc.	PO Box 728 Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit F Sec. 12 Twp. 25S Rge. 31E	Yes 4-26-77 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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv. (Oil, H ₂ O)
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DE, REB, RT GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations	Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Lbbs. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.



Assistant District Superintendent

11-2-77

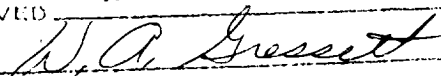
(Date)

OIL CONSERVATION COMMISSION

NOV 3 1977

APPROVED

BY


SUPERVISOR, DISTRICT II

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 results taken on the well in accordance with RULE 111.

All copies of this form must be filed out completely for all wells, except shut-in completions.

Fill out only Sections I, II, III, and VI for change of ownership, well name or number, or transporter, or other such change of conditions.