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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF	ICE	
0-1-51-5		

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

Ļ					
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL O	SAS	
1	LAND OFFICE				
	TRANSPORTER OIL				
	GAS				
Γ	OPERATOR				
	PRORATION OFFICE				
<u></u>	Operator				
	TEXACO Inc.				
f	Address				
	P. A. Roy 720	Hobbs New Mexico 88	240	İ	
}	Reason(s) for filing (Check proper box)	HODDE HEN HEALCO OD.	Other (Please explain)		
- 1	New We!1	Change in Transporter of:			
ļ	<u> </u>	Oil Dry Gas	s		
	Recompletion				
L	Change in Ownership	Casinghead Gas Conden			
	If change of ownership give name				
	and address of previous owner		<del></del>		
		V. A.	Note that we have the		
1. 1	DESCRIPTION OF WELL AND I	EASE	ormation   Kind of Leas	Lease No.	
Ī	Lease Name	Well No. Pool Name, Including Fo		1	
1	New Mexico "AQ" State NO	T-6 1 Undesignated	State, Federa	B-9380	
t	Location				
	Unit Letter N : 660	Feet From The South Line	e and 1980 Feet From	The WEST	
	Unit Letter N ; 600				
	Line of Section 25 Tow	mship 10-S Range	33-E , NMPM,	Lea County	
Ĺ	Line of Section 29 16w	10.0	<u> </u>		
	DECLOS AMION OF THANCHOUS	ED OF OH AND NATHDAL CA	s		
ı.	DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)	
	_				
į	The Permian Corporation	inghead Gas or Dry Gas	1509 West Wall, Midland Address (Give address to which appro	ved copy of this form is to be sent)	
	Name of Authorized Transporter of Cas	induadd das [ or Dr. A. das [ ]	Address (type dadress to writer approved copy of this form is to be sent,		
- 1	None-Vented (TSTM)		Is an actually connected? When		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	e.i.	
	give location of tanks.	N 25 10-S 33-E	No		
,	If this production is commingled wit	h that from any other lease or pool.	give commingling order number:		
	COMPLETION DATA				
•••		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completio	n - (X) X	X	! !	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	-	December 6, 1969	10,0001	9914'	
	June 15, 1969 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
			9834*	9803	
	4212 (D.F.)	Permo Penn		Depth Casing Shoe	
		1/2" O.D. Casing w/1 JSP	r rrom 20242044.?	10,000	
	9864*-9868*: 9871*-9875	9880*-9885*	D CEMENTING RECORD		
			DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	UEP   F 3E 1		
			0.00		
	13 3/4"	11 3/4"	360	250	
	13 3/4" 10 5/8"	11 3/4" 8 5/8"	3970	250 800	
	13 3/4" 10 5/8" 7 7/8"	11 3/4"		250	
	10 5/8"	11 3/4" 8 5/8" 4 1/2"	3970 10000	250 800 1150	
v	10 5/8" 7 7/8"	11 3/4" 8 5/8" 4 1/2"	3970 10000	250 800	
V.	10 5/8" 7 7/8"  TEST DATA AND REQUEST FO	11 3/4" 8 5/8" 4 1/2"  OR ALLOWABLE (Test must be a able for this de	3970 10000 ifter recovery of total volume of load oil epth or be for full 24 hours)	250 800 1150 and must be equal to or exceed top allow-	
V.	10 5/8" 7 7/8"	11 3/4" 8 5/8" 4 1/2"	3970 10000	250 800 1150 and must be equal to or exceed top allow-	
<b>v</b> .	10 5/8" 7 7/8"  TEST DATA AND REQUEST FOOIL, WELL Date First New Oil Run To Tanks	11 3/4" 8 5/8" 4 1/2"  OR ALLOWABLE (Test must be a able for this de	3970 10000  Ifter recovery of total volume of load oil epth or be for full 24 hours)  Producing Method (Flow, pump, gas I	250 800 1150 and must be equal to or exceed top allow- ift, etc.)	
<b>v</b> .	10 5/8" 7 7/8"  TEST DATA AND REQUEST FOOL WELL	11 3/4" 8 5/8" 4 1/2"  OR ALLOWABLE (Test must be a able for this de	3970 10000  ifter recovery of total volume of load oil epth or be for full 24 hours)  Producing Method (Flow, pump, gas l	250 800 1150 and must be equal to or exceed top allow-	
v.	10 5/8" 7 7/8"  TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks December 6, 1969 Length of Test	11 3/4" 8 5/8" 4 1/2"  OR ALLOWABLE (Test must be a able for this de Date of Test  December 6, 1969  Tubing Pressure	3970 10000  Ifter recovery of total volume of load oil epth or be for full 24 hours)  Producing Method (Flow, pump, gas I	250 800 1150  and must be equal to or exceed top allowift, etc.)  Choke Size Pump	
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<b>v</b> .	10 5/8" 7 7/8"  TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks  December 6, 1969  Length of Test 24 hrs.	11 3/4" 8 5/8" 4 1/2"  OR ALLOWABLE (Test must be a able for this de Date of Test  December 6, 1969  Tubing Pressure  Pump	3970 10000  ifter recovery of total volume of load oil epth or be for full 24 hours)  Producing Method (Flow, pump, gas left)  Pump Casing Pressure	250 800 1150  and must be equal to or exceed top allowift, etc.)  Choke Size Pump	
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	10 5/8" 7 7/8"  TEST DATA AND REQUEST FOOIL, WELL Date First New Oil Run To Tanks  December 6, 1969 Length of Test 24 hrs. Actual Prod. During Test 161  GAS WELL Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANCE	11 3/4" 8 5/8" 4 1/2"  OR ALLOWABLE (Test must be a able for this de Date of Test  December 6, 1969  Tubing Pressure  Pump Oil-Bble. 37  Length of Test  Tubing Pressure (Shut-in)  CE  regulations of the Oil Conservation with and that the information given	3970 10000  Infer recovery of total volume of load oil epth or be for full 24 hours)  Producing Method (Flow, pump, gas I Pump Casing Pressure  Water-Bbls.  124  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  OIL. CONSERV  APPROVED  BY Selso A. (Title This form is to be filed in	250 800 1150  and must be equal to or exceed top allowiff, etc.)  Choke Size Pump Gas-MCF TSTM  Gravity of Condensate  Choke Size  ATION COMMISSION  Compliance with RULE 1104.	
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(Tirle)

(Date)

December 11, 1969

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.