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	GAS	
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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

SEP 22 10 17 AM '66

I. Operator **TEXACO Inc.**

Address **P. O. Box 728 - Hobbs, New Mexico**

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input 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>N. M. "CT" State</b>	Well No. <b>5</b>	Pool Name, Including Formation <b>Todd San Andres</b>	Kind of Lease State, Federal or Fee
Location Unit Letter <b>I</b> ; <b>660</b> Feet From The <b>East</b> Line and <b>1980</b> Feet From The <b>South</b> Line of Section <b>35</b> , Township <b>7-S</b> Range <b>35-E</b> , NMPM, <b>Roosevelt</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Mobil Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1073 - Midland, Texas</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Capitan Petroleum Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>3707 Rawlins Ave. - Dallas 19, Texas</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>35</b>	Twp. <b>7-S</b>	Rge. <b>35-E</b>	Is gas actually connected? <b>YES</b>	When <b>September 21, 1966</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 <b>OIL</b>	Gas Well <b>NO</b>	New Well <b>NEW</b>	Workover <b>NEW</b>	Deepen <b>NEW</b>	Plug Back <b>NEW</b>	Same Res'v. <b>NEW</b>	Diff. Res'v. <b>NEW</b>
Date Spudded <b>August 6, 1966</b>	Date Compl. Ready to Prod. <b>September 21, 1966</b>		Total Depth <b>4350'</b>			P.B.T.D. <b>4317'</b>		
Pool <b>Todd San Andres</b>	Name of Producing Formation <b>San Andres</b>		Top Oil/ <del>Gas</del> Pay <b>4286'</b>			Tubing Depth <b>4250'</b>		
Perforations <b>Perforate 4 1/2" Casing one jet shot per foot from 4286' to 4294', and 4301' to 4309'. Knotch Casing @ 4286'.</b>						Depth Casing Shoe <b>4350'</b>		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>9 5/8"</b>	<b>7 5/8"</b>		<b>337'</b>		<b>250 Sx.</b>			
<b>6 3/4"</b>	<b>4 1/2"</b>		<b>4350'</b>		<b>500 Sx.</b>			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

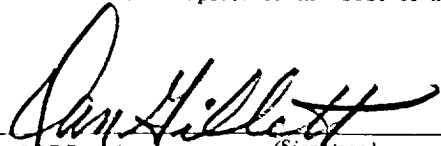
Date First New Oil Run To Tanks <b>September 1, 1966</b>	Date of Test <b>September 21, 1966</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 Hours</b>	Tubing Pressure <b>Pump</b>	Casing Pressure <b>Pump</b>	Choke Size <b>Pump</b>
Actual Prod. During Test <b>11</b>	Oil-Bbls. <b>1</b>	Water-Bbls. <b>10</b>	Gas-MCF <b>1</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

  
Dan Gillett  
Assistant District Superintendent

September 21, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

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 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.