HO. OF COPIES REC	EIVED	
DISTRIBUTE	ON	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
[RANSPORTER	OIL	
	GAS	
OPERATOR		
BROBATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

1.	U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PPORATION OFFICE	AUTHORIZATION TO TRA	AND ANSPORT OIL AND	NATURAL G	AS		
	Operator						
	Address TEXACO Inc.						
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Oil Casinghead Gas Conder	_ , ~	se explain) of Trans tive 2-11-	•		
	If change of ownership give name and address of previous owner			1110 2-11-	7.4		
U.	DESCRIPTION OF WELL AND J	LEASE					
	Lease Name	Well No. Pool Name, Including F		Kind of Lease State, Federal		Lease No. NM=0464-A	
	V. G. Kinahan Federal	Little Lucky				MIN-0404-W	
	Unit Letter (); Dr	50 Feet From The South Lin		Feet From T	he <u>East</u>		
	Line of Section 20 Tow	mship 5-S Range	30-E , NMP	M, Chav	es	County	
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address	to which approv	ed copy of this form	is to be sent)	
	The Permian Corporation Name of Authorized Transporter of Cas	•	P. O. Box 11 Address (Give address	83. Housto	n, Texas 7	9701	
	Name of Authorized Transporter of Cas Continental Oil Company	inghead Gas or Dry Gas	Drawer 1267.			74601	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 0 20 15-S 30-E	Is gas actually connec	ted? Whe			
IV	If this production is commingled wit	h that from any other lease or pool,	give commingling order	er number:	R-1293	l .	
1 .	Designate Type of Completio	n - (X)	New Well Workover	Deepen	Plug Back Same	Res'v. Diff. Res'v.	
	Da'e Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
					Depth Casing Shoe		
	Perforations				Depth Casing Shoe		
		TUBING, CASING, AND	CEMENTING RECO		SACKS	FMENT	
	HOLE SIZE	CASING & LOBING SIZE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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 to able for this depth or be for full 24 hours)					or exceed top allow-	
OIL WELL 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		
			<u> </u>				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	OF.	Gravity of Condens	ate	
					Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shu				
VI.	CERTIFICATE OF COMPLIANCE	CE CE	OIL CONSERVATION COMMISSION APPROVED FEB 22 1972			ION	
	I hereby certify that the rules and re	egulations of the Oil Conservation	APPROVED	FEB 2	2 1912	, 19	
	Commission have been complied wabove is true and complete to the	ith and that the information given	BY	Or To	ig. Signed by		
	nh		TITLE		ist. I, Supv.		
	(M/M.()	This form is t	o be filed in c	ompliance with Ru	ILE 1104.		
the state from much by					for allowable for a newly drilled or deeps accompanied by a tabulation of the devi I in accordance with RULE 111.		
0		ct Superintendent	All sections of	f this form mu	t be filled out con	apletely for	
	(Titl	se <i>)</i>	able on new and r	ecompleted we Sections I. II.	IIB. III. and VI for c	hanges	
	2-18-72 (Dat	ee)	well name or numb	er, or transport	er, or other such ch	ange of	

SAR TO STREET OF THE SAR TO ST

RECEIVED

FEB 10 1972 OIL CONSERVATION COMM. HOBBS, A. M.