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NO. OF COPIES MECEIVED		-		
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C+104	
SANTA FE	1 1	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-		
FILE		AND Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TR	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE	ASTRONIZATION TO TR	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
OIL		AUG		
TRANSPORTER GAS	<u> </u>			
OPERATOR		•		
PRORATION OFFICE				
Operator				
	TEXACO Inc.			
Address	72.2.0			
	P. O. Box 728 -	Hobbs, New Mexico		
Reason(s) for filing (Check proper	, how	Other (Please explain)		
New Well	Change in Transporter of:	Omer (1 tease explain)		
\equiv				
Recompletion	Oil Dry G	一		
Change in Ownership	Casinghead Gas Conde	ensate		
If change of augoratin give non	na.			
f change of ownership give nar and address of previous owner				
•				
DESCRIPTION OF WELL A	ND LEASE			
Lease Name	Well No. Pool No	ame, including Formation Ranger Lake	Kind of Lease	
N. M. "DA" State N	CT-2 1 R	anger Lake Penn.	State, Federal or Fee	
Location	·	1 2150		
к т	980 Feet From The South	1980	West	
Unit Letter;	Feet From TheLin	ne and Feet From Th	ne	
Line of Section 14	Township 12-S Range	34-Е , ммрм,	Lea County	
DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL GA	18		
Name of Authorized Transporter o		Address (Give address to which approve	d copy of this form is to be sent)	
The Permian Corpo		1509 West Wall Ave		
Name of Authorized Transporter o		Address (Give address to which approve		
Warren Petroleum		Lovington, New Mexico	2 20p) 0, 1,110 ye 10 10 00 00	
warren recroteum				
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When		
give location of tanks.	D 14 12-S 34-E	YES	August 29, 1966	
f this production is commingled	I with that from any other lease or pool,	give commingling order number:		
COMPLETION DATA				
Danisanta Tara of Comul	Oil Well Gas Well	1 1 1	Plug Back Same Res'v. Diff. Res'	
Designate Type of Compl	etion - (X) OIL NO	NEW NEW NEW	NEW NEW NEW	
Date Spudded	Date Compl. Ready to Prod.		P.B.T.D.	
July 8, 1966	August 29, 1966	10,3501	10,316'	
Pool	Name of Producing Formation	Top Oil/See Pay	Tubing Depth	
Ranger Lake Penn.	Pennsylvanian	9,9061	9,900!	
9		1	Depth Casing Shoe	
Perforations Perforate 4 1/2" Casing with one jet sh 9927, 9932, 9947, 9955, 9957, 9964, and		00731		
7721, 7732, 7741.			10,350'	
		D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
15"	11 3/4"	3721	300 Sx.	
10 5/8"	8 5/8"	42001	1300 Sx.	
7 7/8"	4 1/2"	10350'	1200 Sx.	
DECT DATE AND DECEMBER	FOR ALLOWARIE ATTACK	feer recovery of test-1 males	d must be sound as as a significant	
TEST DATA AND REQUEST DIL WELL		fter recovery of total volume of load oil an opth or be for full 24 hours)	u must be equal to or exceed top allo	
FEET TERRETAIN				
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)	

Date First New Oil Run To Tanks August 24, 1966	August 29, 1966	Producing Method (Flow, pump, gas	s lift, etc.)
Length of Test 24 Hours	Tubing Pressure	Casing Pressure	Choke Size 24/64"
Actual Prod. During Test	Oil-Bbls. 263	Water-Bbls.	Gas-MCF 483.9

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

APPROVED

VI. CERTIFICATE OF COMPLIANCE

IV.

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.

Man Allet				
Dan Gillett	(Signature)			
Assistant District	Superintendent			

(Date)

(Title)

August 30, 1966

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.

OIL CONSERVATION COMMISSION

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.