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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

1966

Operator TEXACO Inc.	
Address P. O. Box 728 - Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 N. M. "BV" State NCT-2	Well No. 2	Pool Name, including Formation Lazy "J" Penn	Kind of Lease State, Federal or Fee
Location Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West Line of Section 36 , Township 13-S Range 33-E , NMPM, Lea 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) 1509 West Wall Ave. - Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Lovington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 36	Twp. 13-S	Rge. 33-E	Is gas actually connected? YES	When August 30, 1966

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 OIL	Gas Well NO	New Well NEW	Workover NEW	Deepen NEW	Plug Back NEW	Same Res'v. NEW	Diff. Res'v. NEW
Date Spudded July 21, 1966	Date Compl. Ready to Prod. August 29, 1966	Total Depth 9950'			P.B.T.D. 9915'			
Pool Lazy "J" Penn	Name of Producing Formation Pennsylvanian		Top Oil/OG Pay 9746'		Tubing Depth 9710'			
Perforations Perforate 4 1/2" Casing with two jet shots at 9746', 9754', 9759', 9766', 9785', 9796', 9830', 9836', 9852', 9870', 9881', & 9885'.					Depth Casing Shoe 9950'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	11 3/4"		346'		350 Sx.			
10 5/8"	8 5/8"		4150'		1300 Sx.			
7 7/8"	4 1/2"		9950'		1100 Sx.			

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)

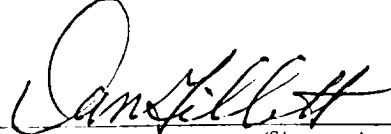
Date First New Oil Run To Tanks August 27, 1966	Date of Test August 29, 1966	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 150	Casing Pressure ---	Choke Size 3/4"
Actual Prod. During Test 243	Oil-Bbls. 236	Water-Bbls. 7	Gas-MCF 73.2

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

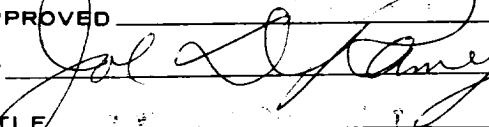
VI. CERTIFICATE OF COMPLIANCE

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 (Signature)
Assistant District Superintendent (Title)

August 30, 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.