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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISS
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

AUG 31 1966

I. OPERATOR

Operator: **TEXACO Inc.**

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

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain):

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-Pennsylvanian** 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 or Condensate
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 or Dry Gas
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OIL	NO	NEW	NEW	NEW	NEW	NEW	NEW	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/OGIP 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)

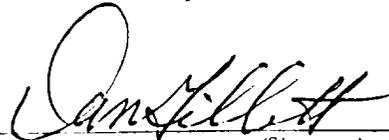
Date First New Oil Run To Tanks: August 27, 1966	Date of Test: August 29, 1966	Producing Method (Flow, pump, gas lift, etc.): Flow	
Length of Test: 24 Hours	Tubing Pressure: 150	Casing Pressure: - - -	Choke Size: 3/4"
Actual Prod. During Test: 243	Oil-Bbls.: 236	Water-Bbls.: 7	Gas-MCF: 73.2

GAS WELL

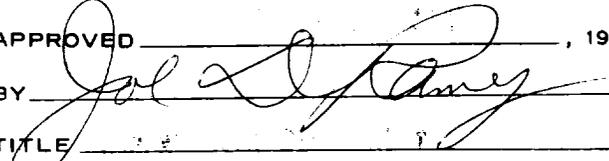
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.