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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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

**DUPLICATE**

136

**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

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.: **3**      Pool Name, Including Formation: **Lazy "J" Pennsylvanian**      Kind of Lease: **State, Federal or Fee**

Location: Unit Letter **M**; **990** Feet From The **South** Line and **990** 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): **1510 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: **November 1, 1966**

If this production is commingled with that from any other lease or pool, give commingling order number: **NONE**

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
(X)	OIL	NO	NEW	NEW	NEW	NEW	NEW	NEW

Date Spudded: **September 16, 1966**      Date Compl. Ready to Prod.: **October 31, 1966**      Total Depth: **10,050'**      P.B.T.D.: **10,015'**

Pool: **Lazy "J" Penn**      Name of Producing Formation: **Pennsylvanian**      Top Oil/Gas Pay: **9702'**      Tubing Depth: **9690'**

Perforations: **Perforate 4 1/2" Casing with 2 jet shots at 9702', 9706', 9708', 9724', 9736', 9751', 9805', 9846', and 9849'.**      Depth Casing Shoe: **10048'**

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11 3/4"	366'	350 Sx.
10 5/8"	8 5/8"	4150'	1300 Sx.
7 7/8"	4 1/2"	10048'	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: <b>November 27, 1966</b>	Date of Test: <b>October 31, 1966</b>	Producing Method (Flow, pump, gas lift, etc.): <b>Flow</b>	
Length of Test: <b>14 Hours</b>	Tubing Pressure: <b>825</b>	Casing Pressure: <b>- - -</b>	Choke Size: <b>8/64"</b>
Actual Prod. During Test: <b>313</b>	Oil-Bbls.: <b>313</b>	Water-Bbls.: <b>NONE</b>	Gas-MCF: <b>350.6</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.

**W. E. Morgan** (Signature)  
**Assistant to the District Superintendent** (Title)  
**November 1, 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.