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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND HOBBS OFFICE O. C. C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
DEC 29 9 56 PM '66

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

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 \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE

Lease Name N. M. "BG" State NCT-1	Well No. 3	Pool Name, Including Formation Saunders	Kind of Lease State, Federal or Fee
Location			
Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1651</u> Feet From The <u>West</u>			
Line of Section <u>14</u> , Township <u>14-S</u> Range <u>33-E</u> , NMPM, <u>Lea</u> County			

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510 - 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 M	Sec. 22	Twp. 14-S	Rge. 33-E	Is gas actually connected? YES	When December 29, 1966

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	OIL	NO	NEW	NEW	NEW	NEW	NEW	NEW
Date Spudded November 11, 1966	Date Compl. Ready to Prod. December 29, 1966	Total Depth 10,045'	P.B.T.D. 10,009'					
Pool Saunders	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 9,754'	Tubing Depth 9,750'					
Perforations Perf 4 1/2" Casing 2 Jet shots @ 9754', 9762', 9768', 9795', 9814', 9819', 9822', 9862', 9866', 9869', 9874', 9882', 9941', 9947',						Depth Casing Shoe 10,045'		
TUBING, CASING, AND CEMENTING RECORD and 9960'.								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	11 3/4"		365'		350 Sx.			
10 5/8"	8 5/8"		4150'		900 Sx.			
7 7/8"	4 1/2"		10045'		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 December 27, 1966	Date of Test December 29, 1966	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 24 Hours	Tubing Pressure Swab	Casing Pressure Swab	Choke Size Swab
Actual Prod. During Test 159	Oil - Bbls. 132	Water - Bbls. 27	Gas - MCF 165

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)  
Dan Gillett  
Assistant District Superintendent  
(Title)  
December 29, 1966  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY SIC  
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.