

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 12-1-66, C.

MAR 20 1 44 PM '67

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. 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. "AQ" State NCT-11	Well No. 2	Pool Name, including Formation Undesignated Pennsylvanian	Kind of Lease State, Federal or Fee
Location Unit Letter N , 660 Feet From The South Line and 1980 Feet From The West Line of Section 3 , Township 14-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 N Sec. 3 Twp. 14-S Rge. 33-E	Is gas actually connected? YES When March 20, 1967

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"/>
Date Spudded February 10, 1967	Date Compl. Ready to Prod. March 17, 1967	Total Depth 10,000'	P.B.T.D. 9968'					
Pool Undesignated	Name of Producing Formation Pennsylvanian	Top Oil/Gas Pay 9,800'	Tubing Depth 9780'					
Perforations Perf. 4 1/2" Casing 2 jet shots at 9800', 9803', 9809', 9815', and 9821'.		Depth Casing Shoe 10000'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	11 3/4"		353'		350 Sx.			
10 5/8"	8 5/8"		4146'		400 Sx.			
7 7/8"	4 1/2"		10000'		1100 Sx.			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 March 15, 1967	Date of Test March 17, 1967	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 150	Casing Pressure 300	Choke Size 2 1/2"
Actual Prod. During Test 145	Oil - Bbls. 145	Water - Bbls. NONE	Gas - MCF 530.7

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
Assistant District Superintendent
March 30, 1967

(Signature)

(Title)

(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.