

FEB 20 1970

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

| | | |
|------------------------|-----|--|
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| 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 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|--|--|-----------------------------|
| Lease Name New Mexico "DM" State NCT-2 | Well No. 1 | Pool Name, Including Formation Lazy J Penn | Kind of Lease <u>State</u> , Federal or Fee | Lease No. OG-1516 |
| Location Unit Letter E ; 1980 Feet From The North Line and 330 Feet From The West | | | | |
| Line of Section 21 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"/> 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 79701 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp. | Address (Give address to which approved copy of this form is to be sent) Lovington, New Mexico 88260 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit N | Sec. 21 | Twp. 13-S | Rge. 33-E | Is gas actually connected? Yes | When February 20, 1970 |

If this production is commingled with that from any other lease or pool, give commingling order number: **Request permission to temporarily commingle.**

IV. COMPLETION DATA

| | | | | | | | | |
|--|--|-----------------------------------|--|-----------------------------------|-----------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded January 23, 1970 | Date Compl. Ready to Prod. February 18, 1970 | | Total Depth 9850' | | P.B.T.D. 9803' | | | |
| Elevations (DE, RKB, RT, GR, etc.) 4264' (GR) | Name of Producing Formation Wolfcamp Penn | | Top Oil/Gas Pay 9734' | | Tubing Depth 9704' | | | |
| Perforations Perforate 5-1/2" OD casing w/2 JSPF from 9734' to 9740' | | | | | Depth Casing Shoe 9850' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 15" | CASING & TUBING SIZE 11-3/4" | | DEPTH SET 365' | | SACKS CEMENT 250 | | | |
| 10-5/8" | 8-5/8" | | 4103' | | 865 | | | |
| 7-7/8" | 5-1/2" | | 9850' | | 800 | | | |

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)

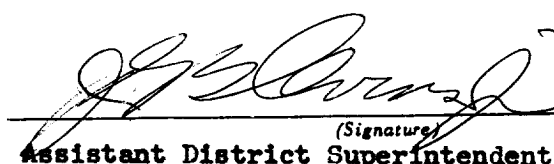
| | | | |
|---|--|--|----------------------------|
| Date First New Oil Run To Tanks February 18, 1970 | Date of Test February 19, 1970 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 Hours | Tubing Pressure 300# | Casing Pressure --- | Choke Size 20/64 |
| Actual Prod. During Test 328 | Oil-Bbls. 309 | Water-Bbls. 19 | Gas-MCF 297 |

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

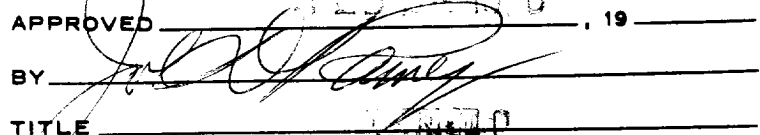
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Assistant District Superintendent**February 20, 1970**

(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 only Sections I, II, III, and VI 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.