	FILE	<u>.</u>	AND ~	Effective 1-1-65	
	U.S.G.S.	A SRIZATION TO	TRANSPORT OIL AND N.	RAL GAS	
	LAND OFFICE			THE ON	
	TRANSPORTER GAS				
	OPERATOR	†			
5	PRORATION OFFICE	1			
4.	Operator	4			
	TEXACO Inc.				
	P.O. Box 728, Hebbs, New Mexico 88240				
	Reason(s) for filing (Check proper box,)	Other (Please exp	lain) Lffective 1-1-73	
	New Well	Change in Transporter of:	Change Le		
	Recompletion	Otl Dr.	y Gas	CO & A Guille	
	Change in Ownership	Casinghead Gas Co	ndensate leave Maxic	o 'L' St. Well No. 1	
••	If change of ownership give name and address of previous owner	V FACE			
11.	Lease Name	Well No. Pool Name, Includir	ng Formation Kin	d of Lease No.	
	Vacuum Graybu	rg	Stat	- Padaral as Pas	
	San Andres Unit	42 Vacuum Gra	yburg San Andres Sun	B-1733	
	Unit Letter G; 1980 Feet From The North Line and 1980 Feet From The East				
	Line of Section Tow	vnship 135 Range	34E , NMPM,	Lea County	
		10.5	341 1		
III.	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Texas New Mexico Pine Line Company P.O. Box 1510, Midland, Texas 79701 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)				
	TEXACO Inc.	midnedd Gdo [5] Or Dry Gdo [1]		bbs, New Mexico 88240	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.		When	
	give location of tanks.	F 2 13S 34	E Yes	May 1, 1969	
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completio			l l l	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
		TUDING CASING	AND CENENTING DECORD		
			AND CEMENTING RECORD DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		1			
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)				
	OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pur	np, gas lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF	

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

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.

(Date)

Superintendent Assistant District

January 4, 1973

OIL CONSERVATION COMMISSION

APPROVED. Orig. Signed 57 Joe D. Ramey Dist. I, Supv. 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.