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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
Supersedes Old O-103 and O-105  
Effective 1-1-65

I. Operator  
TEXACO Inc.  
Address  
P.O. Box 728 - Hobbs, New Mexico 98240  
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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease Type
New Mexico 'L' State	1	Vacuum	State, Federal or Fee	
Location				
Unit Letter	G	1980 Feet From The North Line and	1980 Feet From The East	
Line of Section	1	Township	18-S	Range
			34-E	NMPM, Loc

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Texas-New Mexico Pipe Line Company	P.O. Box 1510 - Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
TEXACO Inc.	P.O. Box 728 - Hobbs, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	F	2	18-S	34-E
Is gas actually connected?	When			
Yes	December 19, 1967			

If this production is commingled with that from any other lease or pool, give commingling order number: OTC - 7

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug back	Same as last time
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed test allowable for this depth or be for full 24 hours)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Cable Size
Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

WELL

Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Flow Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Cable Size

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 is true and complete to the best of my knowledge and belief.

Operator (Signature)  
Operator (Title)  
Date 12/21, 1967 (Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

ORIGINAL & THREE COPIES  
MAILED BY: [unclear]  
ENGINEER DATA  
This form is to be filed in compliance with the rules and regulations of the Oil Conservation Commission.  
If this is a request for allowable for a well, this form must be accompanied by a log taken on the well by the operator.  
All sections of this form must be filled out on new and recompleting wells.  
Fill out only casing, tubing, and well name or number, or well location.  
Separate Form O-105 must be completed wells.