

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

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 1-1-65

Operator TEXACO Inc.	
Address P.O. Box 728 - Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input 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 checked="" type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE				
Lease Name New Mexico 'L' State	Well No. 2	Pool Name, including Formation Vacuum	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter A	Feet From The 665	North	Line and 660	Feet From The East
Line of Section 1	Township 18-S	Range 34-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"/>		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 F	Sec. 2	Twp. 18-S	Rge. 34-E
		Is gas actually connected?		When
		Yes		December 16, 1967

If this production is commingled with that from any other lease or pool, give commingling order number: CD - 73

IV. COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same as last	Other
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			

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 oil allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Check Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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)	Check Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____	
BY _____ (Signature)		BY _____	
Title _____ (Title)		ENGINEER DISTRICT No. 1	
Date 21, 1967 (Date)		This form is to be filed in _____	
		If this is a request for allowable on a new well, this form must be accompanied by _____	
		tests taken on the well in accordance with _____	
		All sections of this form must be _____	
		file on new and recompleting wells.	
		Fill out only Sections I, II, III, _____	
		well name or number, or tubing, casing, etc.	
		Separate Form C-104 must be filed for _____	
		completed wells.	