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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
		1	

NEW MEXICO OIL CONSERVATION COMMISS.

Form C-104

	SANTA FE	REQUEST	FQR ALLOWABLE	Supersedes Old C-104 and C-116		
	FILE	HOBBS OFFICE O. C	2. AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	_ GAS		
	LAND OFFICE	May 22 3 sg PM	769			
	TRANSPORTER OIL	-				
	GAS	4				
	OPERATOR	_				
I.	PRORATION OFFICE					
	Operator					
	TEXACO Inc.					
	Address					
	P.O. Box 728 - Hobi					
	Reason(s) for filing (Check proper box,	, ·	Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Ga	ıs [
	Change in Ownership	Casinghead Gas X Conden	nsate 🔲			
	If change of ownership give name and address of previous owner					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Le	Lease No.		
	NM 'R' State NCT-3	6 Vacuum Graybu	rg San Andres State, Fed	eral or Fee B-1306		
	Location					
	/ 1 2310	DFeet From The South Lin	330 Foot Fro	m The East		
	Unit Letter ; 2310	J Feet From The Journ Lin	e and reet ro	m the		
	Line of Section Tov	vnship 18-S Range	34-E , NMPM,	Lea County		
	Line of Section 100	montp range	7 14111 1917	200 County		
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	.0			
III.	Name of Authorized Transporter of Oil		Address (Give address to which app	proved copy of this form is to be sent)		
	Texas-New Mexico Pipeli		P.O. Box 1510 - Midla	nd Tevas		
	Name of Authorized Transporter of Cas		Adiress (Give address to which app	proved copy of this form is to be sent)		
	TEXACO Inc.	iniqueda Gus [X] Or 577 Gus				
	TEXTOO THE.	Unit Sec. Twp. Rge.	P.O. Box 728 - Hobbs, Is gas actually connected?	When		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Yes			
	give location of tanks.	<u> </u>	<u> </u>	May 1, 1969		
		th that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic		New Well Workover Deepen	Find Edek Same New York Philippe		
			Total Depth	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.		
		•	Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	GR, etc.; Name of Producing Formation Top Oil/Gas Pay Tubing Depth		Tubing Depth		
				Depth Casing Shoe		
	Perforations			Depth Casing Shoe		
			CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	•					
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load of	oil and must be equal to or exceed top allow-		
•	OH. WELL able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	i lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke 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)	Choke Size		
	The second secon					
*		OF.	OIL CONSERV	VATION COMMISSION		
VI.	CERTIFICATE OF COMPLIANO	U L		the contract of the contract o		
	_	4.0	APPROVED	AY 3 3 1908 19		
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.				AFFROVED		
			BY John W. Tunyan			
	- -		George			
m2/2.		· 1	TITLE			
	01/11/1	/_ //	This form is to be filed in compliance with RULE 1104.			

(Signature)

(Title) May 21, 1969 (Date)

Assistant District Superintendent

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.