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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OPERATOR
PRORATION OFFICE

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

Form 1-64
 Supersedes Old C-104 and C-110
 Effective 1-1-65

I. OPERATOR

Operator
TEXACO Inc.
 Address
P.O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
 New Well Change of Transporter of: Oil Gas Condensate
 Recompletion Change in Ownership Other (Please explain): **Effective 1-1-73 Change Lease Name**
New Mexico 'U' St. Well No. 2

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vacuum Grayburg	Well or Pool Name, including location San Andres Unit 39 Vacuum Grayburg San Andres	Kind of Lease State, Federal or Free ---	Lease No. B-867
Location Unit Letter H Section 1980 Feet From The North Line or 660 Feet From The East	Line of Section 2 Township 18S Range 34E 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 Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6666, Odessa, Texas

If well produces oil or lease, give location of tanks. **F 2 18S 34E Yes NA**

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

IV. COMPLETION DATA

Designate Type of Completion - (X) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v.
Date Spudded _____ Date Casing Reached Bottom _____ Total Depth _____
Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____
Perforations _____ Depth Casing Shoe _____
TUBING, CASING, AND CEMENTING RECORDED
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 allowable for this depth or be for full 24 hours)

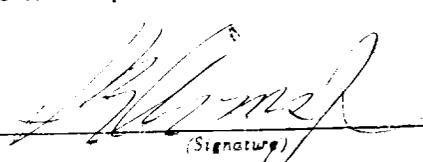
Date First New Oil Run To Tanks _____	Date of Test _____	Producing Method (Flow, pump, gas lift, etc.) _____
Length of Test _____	Tubing Pressure _____	Casing Pressure _____ Choke Size _____
Actual Prod. During Test _____	Oil - Bbls. _____	Water - Bbls. _____ Gas - MCF _____

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 _____

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.



 Assistant District Superintendent

 January 5, 1973

 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____ 19 _____

BY **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.