

DISTRIBUTION	
SANTA FE	
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
TEXACO Inc.
Address
P.O. Box 728, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of ☐
Recompletion ☐ Oil ☐ Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
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

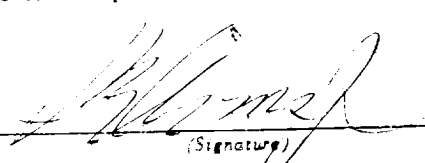
II. DESCRIPTION OF WELL AND LEASE
Lease Name **Vacuum Grayburg** Well or Well Name, including location
San Andres Unit **39 Vacuum Grayburg San Andres** Kind of Lease **State, Federal or Free** Lease No. **B-867**
Location
Unit Letter **H** **1980** Feet From The **North** Line or **660** Feet From The **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 ☒ or Condensate ☐
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 Casinghead Gas ☒ or Dry Gas ☐
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)
Date Spudded ☐ Date Started Production ☐ Total Depth ☐
Elevations (DF, RKB, RT, GR, etc.) ☐ Name of Producing Formation ☐ Top Oil/Gas Pay ☐
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 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

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.