

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
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 C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <b>TEXACO Inc.</b>			
Address <b>P. O. Box 728, Hobbs, New Mexico 88240</b>			
Reason(s) for filing (Check proper box)		Other (Please explain) <b>Effective 1-1-73</b>	
New Well <input type="checkbox"/>	Change in Transporter of:	<b>Change Lease Name</b>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<b>New Mexico 'Z' State NCT-1</b>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	<b>Well No. 2</b>	
	Dry Gas <input type="checkbox"/>		
	Condensate <input type="checkbox"/>		

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE				Lease No. <b>B-3011</b>	
Lease Name <b>Vacuum Grayburg</b>		Well No. <b>52</b>	Pool Name, Including Formation <b>San Andres</b>	Kind of Lease State, Federal or Fee	
Location <b>San Andres Unit</b>					
Unit Letter <b>C</b>	<b>660</b>	Feet from The <b>North</b> Line and	<b>1980</b>	Feet from The <b>West</b>	
Line of Section <b>2</b>	Township <b>18-S</b>	Range <b>34-E</b>	, NMPM, <b>Lea</b> 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)			
<b>Texas-New Mexico Pipe Line Company</b>		<b>P. O. Box 1510, Midland, Texas 79701</b>			
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)			
<b>Phillips Petroleum Company</b>		<b>P. O. Box 6666, Odessa, Texas 79760</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>2</b>	Twp. <b>18-S</b>	Rge. <b>34-E</b>	gas actually connected? <b>Yes</b> When <b>NA</b>

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

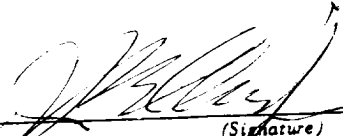
IV. COMPLETION DATA									
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
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 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.

  
(Signature)  
**Assistant District Superintendent**  
(Title)  
**January 5, 1973**  
(Date)

OIL CONSERVATION COMMISSION  
**JAN 8 1973**, 19  
APPROVED  
BY **Joe D. Ramey**  
TITLE **Dist. I, Supv.**

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.