

NAME OF OPERATOR	
DISTRIBUTION	
DATE	
FILE	
U.S.G.	
AND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TEXACO Inc.

Address P. O. Box 728, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Additional transporters effective 8-1-79.
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☒ Dry Gas ☐ Casinghead Gas ☒ Condensate ☐	

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

DESCRIPTION OF WELL AND LEASE	
Lease Name Central Vacuum Unit	Well No. 95 Pool Name, including Formation Vacuum Grayburg San Andres
Kind of Lease State, Federal or Fed	Lease No. B-1306
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line of Section 6 Township 18-S Range 35-E NMPM Lea County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Mobil Pipe Line Company Texas New Mexico Pipe Line Company Phillips Petroleum Company TEXACO Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas 75221 P. O. Box 2528, Hobbs, New Mexico 88240 1001 Penbrook, Odessa, Texas 79762 P. O. Box 728, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Is gas actually connected? Yes	When 8-1-79

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

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.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL	
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 (spit, back pr.)	Tubing Pressure (shut-in)
Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division 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)
September 14, 1979
(Date)

OIL CONSERVATION DIVISION
SEP 21 1979

APPROVED _____, 19____

BY Ferry Sexton
Dist. 1, Supr.

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 Form C-104 must be filed for each pool in multiply