

NEW MEXICO
OILS DEPARTMENT

FILED	
DATE	
TIME	
BY	
OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TEXACO Inc.

P. O. Box 728, Hobbs, New Mexico 88240

Other (Please explain)

Additional transporters
effective 8-1-79.

(a) for filing (Check proper box)

Oil ☐
Completion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐
Coalinghead Gas ☒ Condensate ☐

Age of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
102	Vacuum Grayburg San Andres	State, Federal or Fee	B-1306
Section	660	Feet From The	North
Unit Letter	H	Line and	1980
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 ☐	Address (Give address to which approved copy of this form is to be sent)
Mobil Pipe Line Company	P. O. Box 900, Dallas, Texas 75221
Texas New Mexico Pipe Line Company	P. O. Box 2528, Hobbs, New Mexico 88240
Phillips Petroleum Company	4001 Penbrook, Odessa, Texas 79762
TEXACO Inc.	P. O. Box 728, Hobbs, New Mexico 88240
Is well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit	Yes
Sec.	8-1-79
Twp.	
Rge.	

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RRS, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoes							

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

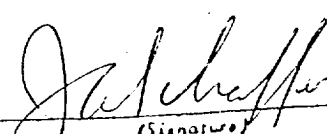
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (shut-in)	Choke Size
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)		

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

APPROVED

BY

TITLE

Orig. Signed By
Jerry Sexton
Dist 1, 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 deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-