

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

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

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 ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
Filed to show first gas and condensate connections.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Texaco-Cities Service St.	Well No. 1	Pool Name, including Formation Lusk Morrow Gas	Kind of Lease State, Federal or Fee	Lease No. E-9721
Location Com.				
Unit Letter G ; 1980 Feet From The East Line and 1980 Feet From The North				
Line of Section 32 Township 19-S Range 32-E , NMCM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Texas-New Mexico Pipe Line Co.	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Ilano Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2115 - Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 32	Twp. 19-S	Rge. 32-E	Is gas actually connected? Yes	When June 27, 1970

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded May 8, 1964	Date Compl. Ready to Prod. July 9, 1964	Total Depth 13,300'		P.B.T.D. 12,956'				
Elevations (DF, RKB, RT, GR, etc.) 3553' (DF)	Name of Producing Formation Morrow	Top Oil/Gas Pay 12,332'		Tubing Depth 2-7/8" OD casing - 12,287'				
Perforations Perforated 2-7/8" OD casing w/1 JSPF from 12,332' - 12,336' & from 12,373' - 12,388'.				Depth Casing Shoe 12,987'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	11-3/4"		906'		700			
10-5/8"	8-5/8"		3880'		750			
7-7/8"	2-7/8" (Strawn)		12,995'		2000			
7-7/8"	2-7/8" (Morrow)		12,987'		2000			

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)

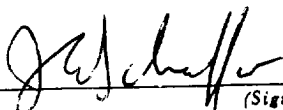
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 2200	Length of Test 24	Bbls. Condensate/MMCF 25	Gravity of Condensate 59.0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) -	Casing Pressure (shut-in) 600	Choke Size 24/64"

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
(Title)

July 7, 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 9 1970**, 19

BY 

TITLE **SUPERVISOR DISTRICT**

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.