

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator <b>TEXACO INC.</b>	
Address <b>P.O. BOX 728, HOBBS, N.M. 88240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well	<i>Change of lease from 44100 to 44101-3 #15</i>
<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE	
Lease Name <b>Vacuum Grayburg San Andres Unit</b>	Well No. <b>68</b>
Pool Name, including Formation <b>Vacuum Grayburg San Andres</b>	Kind of Lease <b>State, Federal or Fee</b>
State <b>Lea</b>	Lease No. <b>B-1306-1</b>
Location Unit Letter <b>I</b> : <b>1655</b> Feet From The <b>South</b> Line and <b>330</b> Feet From The <b>East</b> Line of Section <b>1</b> Township <b>18S</b> Range <b>34E</b> , NMPM, County	

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas New Mexico Pipeline Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2528, Hobbs, N.M. 88240</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>4001 Penbrook, Odessa, TX 79762</b>
Well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<b>F 2 18S 34E</b>	<b>Yes 9/24/85</b>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

*W. B. Loh*

Dist. Opr. Mgr. (Signature)

9/30/85 (Date)

OIL CONSERVATION DIVISION

APPROVED **OCT 3 - 1985**, 19

BY **ORIGINAL SIGNED BY JERRY SEXTON**  
TITLE **DISTRICT I SUPERVISOR**

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.

# V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diffl Res'v.
		X			X				
Date Spudded -	Date Compl. Ready to Prod. 9/24/85			Total Depth 8800'		P.B.T.D. 4720'			
Elevations (DF, RKB, RT, GR, etc.) 3996' DF	Name of Producing Formation Vacuum Grbr. San Andres			Top Oil/Gas Pay 4536'		Tubing Depth 4302'			
Perforations 4536-4686' (15 Int. 30 holes)						Depth Casing Shoe -			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11 3/4"	402'	350
10 5/8"	8 5/8"	3250'	1650
7 7/8"	2 7/8"	8800'	1600

## TEST DATA AND REQUEST FOR ALLOWABLE (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 9-24-85	Date of Test 9-24-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 5	Water-Bbls. 41	Gas-MCF 3

## AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 37.8
Testing Method (prior, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

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