

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

I.

Operator TEXACO Inc.	
Address P.O. Box 728 - Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vacuum Grayburg San Andres Unit	Well No. 34	Pool Name, including Formation Vacuum Grayburg San Andres	Kind of Lease State, Federal or Fee	Lease No. B-1306-1
Location				
Unit Letter J : 2630 Feet From The South Line and 2630 Feet From The East				
Line of Section 1 Township 18-S Range 34-E , NMPM, Lea 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)					
Texas New Mexico Pipeline Co.	P.O. Box 1510, Midland, Texas 79701					
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)					
TEXACO Inc.	P.O. Box 728, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2	Twp. 18-S	Rge. 34-E	Is gas actually connected? Yes	When 1-15-73

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 12-5-72	Date Compl. Ready to Prod. 1-4-73		Total Depth 4800'		P.B.T.D. 4799'			
Elevations (DF, RKB, RT, GR, etc.) 4001' GR	Name of Producing Formation Vacuum Grayburg San Andres		Top Oil/Gas Pay 4334'		Tubing Depth 4760'			
Perforations 2 JSPI @ 4334, 40, 50, 58, 68, 78, 88, 99, 4408, 18, 32, 44, 83, 94, 4505, 10, 18, 27, 32, 50, 64, 88, 4600, 11, 64, 77, 96, 4744, 47, 52, 55, 83, 94, 28, & 4792.					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		352		210			
7-7/8"	5-1/2"		4800		550			

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)

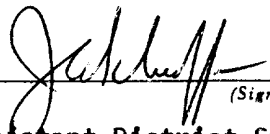
Date First New Oil Run To Tanks 1-4-73	Date of Test 1-15-73	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hr.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 211	Water-Bbls. 24	Gas-MCF 478

GAS WELL

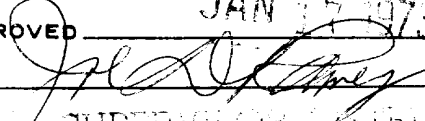
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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 16, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 17 1973**, 19
BY 
TITLE **SUPERVISOR DISTRICT I**

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.

I, J. A. Schaffer, being of lawful age and being the
Assistant District Superintendent for TEXACO Inc., do state that
the deviation record which appears on this form is true and correct
to the best of my knowledge.



Subscribed and sworn to before me this 2nd day of January, 1973.

My Commission expires February 24, 1973

B. F. Hohimer
B.F. Hohimer - Notary Public,
in and for Lea County, State
of New Mexico

Lease New Mexico 'R' State NCT-3 Well No. 17

DEVIATION RECORD

<u>DEPTH</u>	<u>DEGREES OFF</u>
352	1/2
804	3/4
1300	1
1795	1 1/4
2208	1 1/4
2700	1 1/2
2985	2
3282	2
3565	1 1/2
4041	1 1/2
4225	3/4
4710	1 3/4
4760	1 3/4
4800 TD	