|      | U.S G.S.  LAND OFFICE  TRANSPORTER  GAS  OPERATOR  PRORATION OFFICE  | A HORIZATION TO TRA                            | AND<br>NSPORT OIL AND   | Effective 1-1-65  |  |
|------|--|--|---|---|--|
| •    | Operator TEXACO INC.   |  |   |   |  |
|      | Address  |  |   |   |  |
|      | P.O. Box 728. Hob Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership  | Change in Transporter of:   Oil                | <b>—</b> 1  | in)   |  |
|      | If change of ownership give name and address of previous owner   |  |   |   |  |
| 11.  | DESCRIPTION OF WELL AND  |  | ormation   Kind   | of Lease Lease No.  |  |
|      | Lease Name Vacuum Grayburg<br>San Andres Unit  | 4 Vacuum Graybur                               | State   | Federal or Fee B-1306-1   |  |
|      | Location   | 0 Feet From The South Lin                      | e and <b>1</b> 00 Fe  | et From The West  |  |
|      |  |  | 31-7; , NMPM,   | Tea County  |  |
|      | Line of Section Tov  | wnship 18_5, Range                             | 34-6.   |   |  |
| III. | DESIGNATION OF TRANSPORT   | TER OF OIL AND NATURAL GA                      | S<br>Address (Give address to whi   | ch approved copy of this form is to be sent)  |  |
| 1    | Tavos-New Mexico Pineli  | ne Company                                     | P.C. Sox 1516, 14   | dland, Texas 79701  |  |
| İ    | Name of Authorized Transporter of Cas  | singhead Gas 🔣 💮 or Dry Gas 🦳                  |   | ch approved copy of this form is to be sent)  |  |
|      | Texaco Inc.  If well produces oil or liquids,  | Unit Sec. Twp. P.ge.                           | P.O. Box 728, Hou Is gas actually connected?  | When  |  |
|      | give location of tanks.  | F 2 188 34E                                    | Yes   | 2-22-73   |  |
|      |  | th that from any other lease or pool,          | give commingling order num  | per: <u>CTB-73</u>  |  |
| 17.  | Designate Type of Completion   | Oil Well Gas Well                              | New Well Workover De  | epen Plug Back Same Res'v. Diff. Res'v  |  |
|      | Designate Type of Completic  | Date Compl. Ready to Prod.                     | X   | P.B.T.D.  |  |
|      | 1-17-73  | 2-8-73   | 4800*   | 4788  |  |
|      | Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation<br>Vacuum Grayburg | Top Oil/Gas Pay   | Tubing Depth  |  |
|      | 3999 GR  | San Andres                                     | 4525  | 4600<br>Depth Casing Shoe   |  |
|      | • • • •  | 38, 40, 53, 86 and 4590                        |   |   |  |
|      |  | TUBING, CASING, AND                            | DEPTH SET   | SACKS CEMENT  |  |
|      | HOLE SIZE  | 8 5/8"   | 353   | 300   |  |
|      | 7 7/8"   | 5 1/2"   | 4800  | 500   |  |
|      |  |  |   |   |  |
| v.   | TEST DATA AND REQUEST F  | OR ALLOWABLE (Test must be a                   | fter recovery of total volume of  | load oil and must be equal to or exceed top allow   |  |
| •    | OIL WELL Date First New Oil Run To Tanks   | able for this de                               | pth or be for full 24 hours) Producing Method (Flow, pum  | p, gas lift, etc.)  |  |
|      | 2-8-73   | 2-22-73  | Pump  |   |  |
|      | Length of Test   | Tubing Pressure                                | Casing Pressure   | Choke Size  |  |
|      | 24 Hour Actual Prod. During Test   | Oil-Bbls.                                      | Water - Bbls.   | Gas - MCF   |  |
|      | 29   | 29   | _ 0   | 57  |  |
|      |  |  |   |   |  |
|      | Actual Prod. Test-MCF/D  | Length of Test                                 | Bbls. Condensate/MMCF   | Gravity of Condensate   |  |
|      | Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-in)                      | Casing Pressure (Shut-in)   | Choke Size  |  |
|      | CERTIFICATE OF COMPLIANCE  |  | OIL CONSERVATION COMMISSION FEB 23 1973   |   |  |
|      | 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, |  | BY APPROVED BY  |   |  |
|      | (Signature)  |  | 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 |   |  |
|      | Assistant District Superintendent  |  | 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.                                       |   |  |
|      | February 22, 1973  |  | Fill out only Secti   | ons I, II, III, and VI for changes of owner<br>transporter, or other such change of condition |  |
|      |  |  | Separate Forms C-   | 104 must be filed for each pool in multipl  |  |

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 me this 6th day of February, 1973.

My commission expires February 24, 1973 B. J. Mohimer - Notary Public, in and for Lea County, State of New Mexico

Lease - New Hexico 'R' State NCT - 3 Well No. 22

## DEVIATION RECORD

| DEPTH    | DEGREES OFF |
|----------|-------------|
| 353      | ı           |
| 850      | 1-1/2       |
| 1,350    | 2           |
| 1.850    | 1-3/4       |
| 2.628    | 3           |
| 3,094    | 3           |
| 3,416    | 4           |
| 3 852    | . <b>4</b>  |
| 4,174    | 6           |
| 4,549    | 4-1/4       |
| 4 800 TD | 2-3/4       |

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