

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

AND

Effective 1-1-65

A. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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. 44	Pool Name, Including Formation Vacuum Grayburg San Andres	Kind of Lease State, Federal or Fee	Lease No. B-3011-1
Location				
Unit Letter F : 1330 Feet From The North Line and 1330 Feet From The West				
Line of Section 2 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"/> Texas-New Mexico Pipeline Company	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6666, Odessa, Texas	
If well produces oil or liquids, give location of tanks.	Unit F Sec. 2 Twp. 18 Rge. 34	Is gas actually connected? Yes When 3-22-73

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-3-73	Date Compl. Ready to Prod. 3-19-73	Total Depth 4800'	P.B.T.D. 4788'					
Elevations (DF, RKB, RT, GR, etc.) 4019' GR	Name of Producing Formation Vacuum Grayburg San Andres	Top Oil/Gas Pay 4443'	Tubing Depth 4750'					
Perforations 2 JSPI @ 4443, 56, 66, 71, 80, 86, 94, 4504, 46, 65, 79, 86, 91, 4602, 12, 19, 24, 28, 71, 81, 93, 4710, 15, 23, & 4732'		Depth Casing Shoe 4732'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"	356'		300				
7 7/8"	5 1/2"	4800'		500				

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)

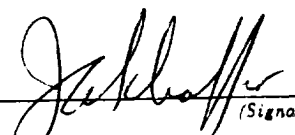
Date First New Oil Run To Tanks 3-19-73	Date of Test 3-22-73	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hr.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 63	Oil-Bbls. 59	Water-Bbls. 4	Gas-MCF 133

GAS WELL

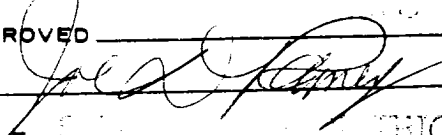
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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)
Asst. Dist. Supt.
(Title)
3-26-73
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE **SECRETARY**

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.