

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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)

If change of ownership give name and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Vacuum Grayburg San Andres Unit</b>	Well No. <b>50</b>	Well Name, Including Formation <b>Grayburg San Andres</b>	Kind of Lease State, Federal or Free	Lease No. <b>B-1733-</b>
Location				
Unit Letter <b>G</b> ; <b>1330</b> Feet From The <b>North</b> Line and <b>1330</b> Feet From The <b>East</b>				
Line of Section <b>1</b> Township <b>18-S</b> Range <b>34-E</b> , NMPM, <b>Lea</b> 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)	
<b>Texas New Mexico Pipeline Co.</b>	<b>P. O. Box 1510, Midland, Texas 79701</b>	
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)	
<b>TEXACO Inc.</b>	<b>P. O. Box 728, Hobbs, New Mexico 88240</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	<b>F</b>	<b>2</b>
	Twp.	Rge.
	<b>18-S</b>	<b>34-E</b>
Is gas actually connected?	When	
<b>Yes</b>	<b>3-12-73</b>	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
<b>X</b>	<b>X</b>							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<b>2-19-73</b>	<b>3-8-73</b>	<b>4800'</b>	<b>4788'</b>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<b>3990' Gr</b>	<b>Vacuum Grayburg San Andres</b>	<b>4389'</b>	<b>4776'</b>					
Perforations	Depth Casing Shoe							
<b>2 JSPI @ 4389, 94, 4402, 28, 33, 40, 48, 73, 50, 94, 4503, 21, 25, 30, 36, 41, 47, 56, 63, 80, 92, 95, 4675, 82, 90, 4703, 33, 4743'</b>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12 1/2"</b>	<b>8 5/8"</b>	<b>354</b>	<b>300</b>					
<b>7 7/8"</b>	<b>5 1/2"</b>	<b>4800</b>	<b>500</b>					

## 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.)	
<b>3-8-73</b>	<b>3-12-73</b>	<b>Pump</b>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<b>24 hrs.</b>	<b>-</b>	<b>-</b>	<b>-</b>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
<b>226</b>	<b>213</b>	<b>13</b>	<b>495</b>

## 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.

**Asst. Dist. Supt.****3-13-73**

(Signature)

(Title)

(Date)

## OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

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 multiple 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 6th day of March, 1973.

My commission expires February 24, 1977 B. F. Hohimer  
B. F. Hohimer - Notary Public  
in and for Lea County, State of  
New Mexico

Lease - Vacuum Grayburg San Andres Unit      Well No. 50

DEVIATION RECORD

DEPTH

DEGREES OFF

853  
1,325  
1,820  
2,364  
2,711  
3,224  
3,862  
4,250  
4,800

1/2  
3/4  
3/4  
1-1/2  
2  
2-1/4  
1  
3/4  
1

1. The first part of the report is a general  
description of the project and its objectives.  
2. The second part is a detailed description of the  
methodology used in the study.

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10/10/2020

1. Introduction

The purpose of this study is to investigate the effects of

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2. Methodology

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The data was collected from a sample of

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3. Results

3.1. Descriptive Statistics

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