

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PRODUCTION OFFICE Operator _____	
Address <u>Texaco Inc.</u>	
<u>P. O. Box 728, Hobbs, New Mexico 88240</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Change in Transporter of: Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☐
Recompletion ☐	
Change in Ownership ☐	
If change of ownership give name and address of previous owner _____	

II. DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)
Central Vacuum Unit	153	Vacuum Grayburg San Andres	
Location			
Unit Letter <u>KL</u> : <u>219C</u> Feet From The <u>South</u> Line and <u>525</u> Feet From The <u>West</u>			
Line of Section <u>6</u> Township <u>10-S</u> Range <u>35-E</u> , NMDM, Lea County			

H. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil ☒ or Condensate ☐			Address (Give address to which approved copy of this form is to be sent)		
Mobil Pipe Line Co.			P. O. Box 900, Dallas, TX 75221		
Name of Authorized Transporter of Gas ☐ or Dry Gas ☐			Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Co.			P. O. Box 2520, Hobbs, NM 86640		
Texaco Inc.			6001 Denbrook, Odessa, TX 79762		
If well produces oil or liquids, give location of tanks.			Unit	Sec.	Twp.
			E	31	17-S 35-E
			Is gas actually connected?		When
			Yes		3/3/81

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

V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff.
Designate Type of Completion - (X)		X		Y					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
12/27/80	3/3/81		4770'			4721'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3982' (GR)	Grayburg-San Andres		4350'			4634'			
Perforations Perf. 5 1/2" Csq. w/2-JSPF 0 4359', 67', 83', 88', 93', 4401',									
04', 10', 12', 28', 33', 52', 58', 61', 68', 97', 4502', 05', 11', 14', 17', 4770'									
25', 32', 38', 46', 52', 59', 63', 69', 71', 70', 82', 86', 90', 93', 4600', 04', 27', 32', 36', 40', 49', 53', 57',									
65', 70', 70 1/2" Csq. 24607	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
20"	16"			360'			675		
14 3/4"	11 3/4"			1520'			1300		
11"	8 5/8"			2755'			1300		
7 7/8"	5 1/2"			4770'			1500		

Date First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
1/31/91		3/3/91		Pumping - 2" Beam	
Length of Test		Tubing Pressure		Casing Pressure	Choke Size
24 Hrs.		--		--	--
Actual Prod. During Test		Oil-Bbls.	Water-Bbls.	Gas-MCF	
		6	410	TSTM	

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Coating Pressure (Shut-in)	Choke Size

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Asst. Dist. Mgr. _____ (Title)

3/4/81 _____ (Date)

APPROVED _____, 19

BY [Signature]
TITLE _____

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a
table 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 conditions.

Separate Form C-104 must be filed for each pool in multi-completed wells.