

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

AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-65

Operator <b>TEXACO Inc.</b>	
Address <b>P. O. Box 728, Hobbs, New Mexico 88240</b>	
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

Well Name <b>Vacuum Grayburg San Andres Unit</b>	Well No. <b>48</b>	Pool Name, Including Formation <b>Vacuum Grayburg San Andres</b>	Kind of Lease <b>State, Federal or Fee</b>	Lease No. <b>B-1080-1</b>
Location				
Unit Letter <b>C 7</b> <b>1330</b> Feet From The <b>north</b> Line and <b>1330</b> Feet From The <b>West</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"/> <b>Texas-New Mexico Pipeline Co.</b>	Address (Give address to which approved copy of this form is to be sent) <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"/> <b>TEXACO Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 728, Hobbs, New Mexico 88240</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>F</b> Sec. <b>2</b> Twp. <b>18S</b> Rge. <b>34E</b>	Is gas actually connected? <b>Yes</b> When <b>2-13-73</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 <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 <b>1-23-73</b>	Date Compl. Ready to Prod. <b>2-8-73</b>		Total Depth <b>4800'</b>		P.B.T.D. <b>4788'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3994' GR</b>	Name of Producing Formation <b>Vacuum Grayburg San Andres</b>		Top Oil/Gas Pay <b>4389'</b>		Tubing Depth <b>4323'</b>			
Perforations <b>2 JSPI @ 4389, 4402, 10, 38, 45, 75, 80, 90, 96, 4506, 26, 36, 42, 66, 24, 81, 46, 46, 59, 62, 78, 88, 4705, 13, 19, &amp; 4730'</b>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>11 3/4"</b>	<b>8 5/8"</b>		<b>355</b>		<b>300 sx.</b>			
<b>7 7/8"</b>	<b>5 1/2"</b>		<b>4800</b>		<b>500 sx.</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 <b>2-8-73</b>	Date of Test <b>2-13-73</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 Hr.</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <b>227</b>	Oil - Bbls. <b>216</b>	Water - Bbls. <b>11</b>	Gas - MCF <b>495</b>

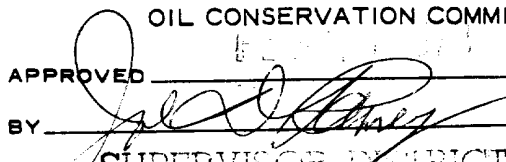
GAS WELL

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.

  
(Signature)  
**Assistant District Superintendent**  
(Title)  
**February 16, 1973**  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_, 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.

\* Current maximum allowable is 3600 BOPD with 45 wells in project. Subject well is completed in conjunction with injection well No. 49. Request 160 BOPD allowable for subject well. Maximum project allowable will be 3760 BOPD for 47 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.

J. A. Schaffer

Subscribed and sworn to before me this 7th day of February, 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 'M' State Well No. 10 1183

DEVIATION RECORD

<u>DEPTH</u>	<u>DEGREES OFF</u>
355	1/2
854	3/4
1,341	3/4
1,730	3/4
2,258	1/2
2,951	1/2
3,324	1/2
3,680	1-1/2
3,873	1-1/2
4,310	1-1/2
4,800 TD	1-1/2

11-11-68

*[Signature]*

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

1. **NAME OF THE PARTY**  
 2. **ADDRESS**  
 3. **CONTACT PERSON**  
 4. **PHONE**  
 5. **FAX**  
 6. **E-MAIL**  
 7. **WEBSITE**  
 8. **OTHER INFORMATION**