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| FILE                   |            |
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| LAND OFFICE            |            |
| TRANSPORTER            | OIL<br>GAS |
| OPERATOR               |            |
| PRODUCTION OFFICE      |            |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-101  
Superseding OIL C-101 and C-  
Effective 1-1-65

|                                                                                                                                                                                      |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Operator<br>TEXACO Inc.                                                                                                                                                              |                                                        |
| Address<br>P. O. Box 728, Hobbs, New Mexico 88240                                                                                                                                    |                                                        |
| Reason(s) for filing (Check proper box)                                                                                                                                              | Other (Please explain)                                 |
| New Well <input type="checkbox"/>                                                                                                                                                    | Change casinghead gas from Phillips to TEXACO 4-20-78. |
| Recompletion <input type="checkbox"/>                                                                                                                                                |                                                        |
| Change in Ownership <input type="checkbox"/>                                                                                                                                         |                                                        |
| Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> |                                                        |

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                              |                |                                                              |                                        |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------|----------------------------------------|---------------------|
| Lease Name<br>Central Vacuum Unit                                                                                                                                                                            | Well No.<br>80 | Pool Name, including Formation<br>Vacuum Grayburg San Andres | Kind of Lease<br>State, Federal or Fee | Lease No.<br>B-2146 |
| Location<br>Unit Letter <u>L</u> : <u>660</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>South</u> Line of Section <u>36</u> Township <u>17S</u> Range <u>34E</u> , N.M.P.M. 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"/><br>Texas New Mexico Pipe Line Co. | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 2528, Hobbs, New Mexico 88240 |            |             |             |                                   |                 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>TEXACO Inc.            | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 728, Hobbs, New Mexico 88240  |            |             |             |                                   |                 |
| If well produces oil or liquids, give location of tanks.                                                                                           | Unit<br>0                                                                                                           | Sec.<br>36 | Twp.<br>17S | Rge.<br>34E | Is gas actually connected?<br>Yes | When<br>4-20-78 |

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

IV. COMPLETION DATA

|                                    |                             |          |                 |          |                   |           |              |        |
|------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|--------------|--------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Spore Res't. | Full R |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |              |        |
| Elevations (DE, RKB, RT, CR, etc.) | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |              |        |
| Perforations                       |                             |          |                 |          | Depth Casing Shoe |           |              |        |

TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

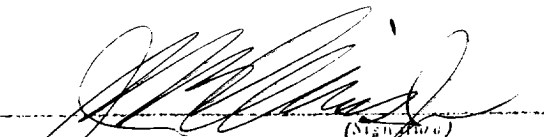
|                                 |                 |                                               |            |
|---------------------------------|-----------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

GAS WELL

|                                 |                           |                           |                       |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D       | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (flow, 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)

May 1, 1978

(Date)

OIL CONSERVATION COMMISSION

MAY 2 1978

APPROVED \_\_\_\_\_, 19

BY Jerry Sexton  
Dist 1, Supv.

This form is to be filed in compliance with RULE 1102.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the a) static tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable to be considered complete.  
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.