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LAND OFFICE		
TRANSPORTER OIL		
TRANSPORTER GAS		
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator
TEXACO Inc.

Address
Drawer 728
Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

				Other (Please explain)
New Well	☐	Change in Transporter of:		
Recompletion	☐	Oil	☐ Dry Gas ☐	
Change in Ownership	☐	Casinghead Gas	☒ Condensate ☐	

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 of~~ NM "O" NCT-1	1	Vacuum	State, Federal or Fee

Location

Unit Letter E ; 660 Feet From The West Line and 1980 Feet From The North

Line of Section 36 Township 17-S Range 34-E , NMPM, Lea County

III. 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)

Texas New Mexico Pipe Line Company — P. O. Box 2528 Hobbs, New Mexico

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ — Address (Give address to which approved copy of this form is to be sent)

TEXACO Inc. — P. O. Box 728 Hobbs, New Mexico

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	2	17-S	34-E	Yes	December 23, 1967

If this production is commingled with that from any other lease or pool, give commingling order number: CD-773

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Elevations (DF, RKB, RT, GR, 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 (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)

OIL WELL

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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)

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 Accountant
(Title)

December 21, 1967
(Date)

APPROVED _____, 19__

OIL CONSERVATION COMMISSION

BY _____

TITLE _____