DISTRIBUTION SANTA FE FILE J.S.G.S. LAND OFFICE I RANSPORTER DPERATOR PROPATION OFFICE TEXACO Inc.		AUTI		R	EQUEST	
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J.S.G.S. LAND OFFICE I RANSPORTER OIL I GAS OPERATOR PRORATION OFFICE Operator TEXACO Inc.		AUTH	HORIZ			GNA
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TEXACO Inc.						
TEXACO Inc.						
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P. O. Box 728 - H	e ddoH	, New	Mexi	co 88	3240	
Reason(s) for filing (Check proper						Other
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						Top Oil/Gas F
Elevations (DF, RKB, RT, GR, e	tc.j	Name of P	roducin	g r orm	Titon	Top On Gas r
	DESCRIPTION OF VELL A Leare Name NM 'O' State NCT-1 Location Unit Letter H Line of Section 36 DESIGNATION OF TRANSI Name of Authorized Transporter of Texas-New Maxico Pi Philitips Petroleum TEXACO Inc. If well groundes on or liquids, pive location of tarkin. If this production is commingle COMPLETION DATA Designate Type of Comp	Change in Ownership give name address of previous owner	Change in Ownership give name address of previous owner DESCRIPTION OF VELL AND LEASE Leare Name NM 'O' State NCT-1 Location Unit Letter H ; 660 Feet Line of Section 33 Township 1 DESIGNATION OF TRANSPORTER OF O Name of Authorizer, Transporter of Casinghead Gas Texas-New Mexico Pipe Line Cor Philitips Petroleum Company TEXACO Inc. If well produces on or include, prediction of the con for this production is commingled with that from COMPLETION DATA Designate Type of Completion — (X) Date Spudded Elevations (DF, RKB, RT, GR, etc.) Name of P	Change in Ownership give name address of previous owner DESCRIPTION OF VELL AND LEASE Leave Name NM 'O' State NCT-1 Location Unit Letter H ; 660 Feet From The Line of Section DESIGNATION OF TRANSPORTER OF OIL AND Name of Authorize, Transporter of Oil X or Conde Texas—New Mexico Pipe Line Company Philips Petroleum Company TEXACO Inc. If well produces on or include, prevelocation of tarks. If this production is commingled with that from any of COMPLETION DATA Designate Type of Completion — (X) Date Spudded Elevations (DF, RKB, RT, GR, etc.) Name of Production Elevations (DF, RKB, RT, GR, etc.)	Change in Ownership give name address of previous owner SESCRIPTION OF VELL AND LEASE SERIES Name NM 'O' State NCT-1 2 Vacu Location Unit Letter H ; 660 Feet From The E Line of Section 33 Township 17-S DESIGNATION OF TRANSPORTER OF OIL AND NAME of Authorizer, Transporter of Cil X or Condensate Texas-New Mexico Pipe Line Company Para a Authorizer Transporter of Casing sead Gas XX or Dry PARA I Authorizer Transporter of Casing sead Gas XX or Dry TEXACO Inc. If well produces on or liquids, pre location of traces. F 2 17- If this production is commingled with that from any other lecompletion of traces. Designate Type of Completion — (X) Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formed Elevations (DF, RKB, RT, GR, etc.)	Change in Ownership give name address of previous owner well no. Address of previous owner well no. Poel Name, Including NM 'O' State NCT-1 2 Vacuum Lenie Name Well No. Poel Name, Including NM 'O' State NCT-1 2 Vacuum Location Unit Letter H; 660 Feet From The East L Line of Section 33 Township 17-S Range DESIGNATION OF TRANSPORTER OF OIL AND NATURAL OF STATE OF Authorizer Transporter of CI X or Condensate Texas - New Mexico Pipo Line Company Philips Petroleum Company TEXACO Inc. If well groupes on or inquids, pre location of taken from any other lease or poor COMPLETION DATA Designate Type of Completion - (X) Date Spudged Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation

January 10, 11,0

COMMISSION Supersedes Old C-104 and C-110 Effective 1-1-65 BLE AND NATURAL GAS (Please explain) Lease No. Kind of Lease State, Federal or Fee 80 Feet From The North County Lea , NMPM, address to which approved copy of this form is to be sent) cddress to which approved copy of this form is to be sent)
ishington - Odessa, Texas

x 728 - Hobbs, New Mexico

y connected? December 19, 1967 CTB - 73 ing order number: Plug Back | Same Resty. Diff. Resty. orkover Deepen P.B.T.D. Tubing Depth Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas-MCF Water - Bbls. Oil-Bbls. Actual Prod. During Tost GAS WELL
Actual Prod. Test-MCZ/D Gravity of Condensate Bbls. Condensate/MMCF Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Metrics (pitot, back pri) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED. 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. TITLE . This form is to be filed in compliance with AULE 1104. E. H. Scot.

If this is a request for allow to for a new or delited or dery to well, this form most be accompany to a solution of the devise town taken on the well in accordings which then this. All additions of this form most be flated our completely for a leable on new and recompleted weigh. Will out only Sections I, V, 12, 11, VI for change of e-well name or number, or transported, or a per auch change of cond-Soperior Post of -100 hours by Filed for with , told in motion committee.