	DISTRIBUTION	REQUES	CONSERVATION COMMISSION TFOR ALLOWABLE AND RANSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C Eiloctivo 1-1-65 S
1.	IRANSPORTER OIL IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator IEXACO INC. Address			
	P.O. Box 728, Hobbs, New Mexica 88240 Reason(s) for filing (Check proper box) New Well Change in Transporter of: Change in Transporter of: Change in Ownership Change in Ownership Costinghead Gas Condensate			
	If change of ownership give name and address of previous owner		-	
11.	/	nt 77 Vacuum Gray	Entroyation Kind of Lease burg Gan Andres State, Foderal or Ine and660 Feet From The	
	Line of Section 36 T	ownship 17-5 Range	34-E, NMP14, Lea	County
111.	Name of Authorized Transporter of C.		Address (Give address to which approved	
	<u>IEXAS Neur Mexico</u> Name of Authorized Transporter of C <u>TEXACO</u> <u>Inc.</u> If well produces oil or liquids,	Unit Sec. Twp. Pge.	P.O. Box 1510, Midlong Address (Give address to which approved P.O. Box 728 Hobbs 1 Is gas actually connected? When	
	give location of tanks.	0 36 17-5 34-E	Yes	10-1-77
IV.	COMPLETION DATA Designate Type of Completi	Cil Well Gas Well	······································	lug Back ¹ Same Res ¹ v. ¹ Diff. Res ¹ 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 Cil/Gas Pay Ti	ubing Depth
	Perforations		D	epth Casing Shoe
			D 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 allow able 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 Ch	noke Size
-	Actual Prod. During Teet		bater-Sbia. Go	18 - MCF
1_				
Γ	GAS WELL Actual Prod. Test-MCF/D	Leugin of Test	Ebia. Conderecte/MMCF Gr	cvity of Condensate
	Testing Method (pitot, back pr.)	Tuning Pressuro (Shut-in)	Cosing Pressure (Shut-in) Ch	1010 S.ze
vi. e	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	. 19
(8	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY	
			TITLE	
Assistant District Superinterdent (Tule)			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 allow- able on new and recompleted wells.	
	<u>9-26-77</u> (Da	ite)	Fill out only Sections I, II, III, well name or number, or transporter, or Separate Forms C-104 must be	other auch change of condition.