

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND ... P.D.C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

DEC 22 11 47 AM '67

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

I.

Operator <b>TEXACO Inc.</b>	
Address <b>Drawer 728 Hobbs, New Mexico 88240</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State of NM "O" NCT-1</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>Vacuum</b>	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter <b>I</b>	<b>3300</b>	Feet From The <b>North</b>	Line and <b>660</b>	Feet From The <b>East</b>
Line of Section <b>36</b>	Township <b>17-S</b>	Range <b>34-E</b>	NMPM, <b>Loa</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 Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1510 - Midland, Texas</b>					
Name of Authorized Transporter of Casinghead Gas <input 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</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>2</b>	Twp. <b>17-S</b>	Rge. <b>34-E</b>	Is gas actually connected? <b>Yes</b>	When <b>December 19, 1967</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **012-73**

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.S.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 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Crack 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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Crack 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)

Minister, Accountant

(Title)

Dec 21, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

ORIGINAL & THREE COPIES  
SIGNED BY: ERIC F. ENGBRECHT  
ENGINEER DISTRICT No. 1

TITLE

This form is to be filed in compliance with rules 1967.

If this is a recompletion or a new well, this form must be filed with the first 24-hour test taken on the well.

All copies of this form must be kept on file for 10 years or until the well is plugged.

Fill out this form for all new wells, recompletions, and all wells with new or modified casing.

Separate Form C-104 must be filed for each new or modified completed well.