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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE DEBITS OFFICE O. C. C.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

MAY 22 4 04 PM '69

I. **GENERAL INFORMATION**

NAME: TEXACO Inc.

ADDRESS: P.O. Box 722 - Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Condensate	<input type="checkbox"/>
Production	<input type="checkbox"/>	Gas	<input checked="" type="checkbox"/>		

Other (Please explain):

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	Lease No.
NM '0' State NCT-1	5	Vacuum Grayburg San Andres	State, Federal or Fee	P-155
Location:				
Unit Letter	F	1980	Feet From The North	Line and 1980
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 (Check proper box)	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Company	P.O. Box 910 - Midland, Texas 79701
Name of Authorized Transporter of Gas (Check proper box)	Address (Give address to which approved copy of this form is to be sent)
TEXACO Inc.	P.O. Box 722 - Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	Yes December 19, 1967

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

IV. **COMPLETION DATA**

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Deepen	Plug Back	Same Resv. L.H. hole
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Location (DE, REB, RI, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Trailing 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	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 (pilot, 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]
(Signature)
Assistant District Superintendent
(Title)
May 21, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED [Signature], 19 1969
BY John W. Runyan
TITLE Commissioner

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened 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 allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.