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| TRANSPORTER | OIL 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
 Operator: TEXACO Inc.
 Address: P. O. Box 728 - Hobbs, New Mexico 88240
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
 Other (Please explain):

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|---|---|-----------|
| Lease Name <u>N M '0' State NCT-1</u> | Well No. <u>6</u> | Pool Name, Including Formation <u>Vacuum</u> | Kind of Lease <u>State, Federal or Fee</u> | Lease No. |
| Location Unit Letter <u>J</u> , <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>17-S</u> Range <u>34-E</u> , NMPM, <u>Lea</u> 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"/> <u>Texas-New Mexico Pipe Line Company</u> | Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1510 - Midland, Texas</u> |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u> <u>TEXACO Inc.</u> | Address (Give address to which approved copy of this form is to be sent) <u>4th & Washington - Odessa, Texas</u> <u>P. O. Box 728 - Hobbs, New Mexico</u> |
| If well produces oil or liquids, give location of tanks. <u>F</u> | Unit <u>2</u> Sec. <u>17-S</u> Twp. <u>34-E</u> Rge. <u>34-E</u> |
| Is gas actually connected? <u>Yes</u> | When <u>December 19, 1967</u> |

If this production is commingled with that from any other lease or pool, give commingling order number: CTB - 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. |
| <u>(X)</u> | | | | | | | | |
| 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 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.

E. H. Scott (Signature)
 District Accountant (Title)
 January 10, 1968 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY John W. Runyan
 TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a test log and the deviate tests taken on the well in accordance with the rules.
 All sections of this form must be filled out completely for all wells on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of conditions.
 Separate Forms C-104 must be filed for each pool in multiple completed wells.