

**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-105
Effective 1-1-65

DISTRIBUTION	
ANTA FE	
ILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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): Change Lease Name: Effective 10-1-77
Formerly: N.M. 'O' St. NCT-1 #10
 If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE
 Lease Name: Central Vacuum Unit Well No.: 90 Pool Name, including Formation: Vacuum Grayburg San Andres Kind of Lease: _____ Lease No.: B-155
 Location: _____ State, Federal or Fee: _____
 Unit Letter: 0 : 660 Feet From The South Line and 1980 Feet From The East
 Line of Section: 36 Township: 17-5 Range: 34-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Texas New Mexico Pipe Line Co. Address (Give address to which approved copy of this form is to be sent): P.O. Box 1510, Midland, Texas 79701
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
TEXACO Inc. Address (Give address to which approved copy of this form is to be sent): P.O. Box 728, Hobbs, New Mexico 88240
 If well produces oil or liquids, give location of tanks: _____ Unit: 0 Sec.: 36 Twp.: 17-5 Rge.: 34-E Is gas actually connected? Yes When: 10-1-77

IV. COMPLETION DATA
 If this production is commingled with that from any other lease or pool, give commingling order number: _____

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.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 (pitot, 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)
Assistant District Superintendent
(Title)
9-26-77
(Date)

OIL CONSERVATION COMMISSION
 APPROVED 0075 1977, 19____
 BY (Signature)
 TITLE _____
 This form is to be filed in compliance with RULE 110A.
 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.