

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

NO. OF COPIES DESIRED	
DISTRIBUTION	
ANTA FE	
ILE	
P.O.B.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
PERATION	
ADAMATION OFFICE	
Period	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TEXACO Inc.
P. O. Box 728, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Completion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐
Other (Please explain)
Additional transporters effective 8-1-79.

change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name: Central Vacuum Unit Well No.: 63 Pool Name, including Formation: Vacuum Grayburg San Andres Kind of Lease: State, Federal or Fee Lease No.: NM-1021
Location: Unit Letter: G : 1980 Feet From The North Line and 1980 Feet From The East Line of Section 31 Township 17-S Range 35-E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Mobil Pipe Line Company
Texas New Mexico Pipe Line Company
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Company
TEXACO Inc.
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 900, Dallas, Texas 75221
P. O. Box 2528, Hobbs, New Mexico 88240
Address (Give address to which approved copy of this form is to be sent)
4001 Penbrook, Odessa, Texas 79762
P. O. Box 728, Hobbs, New Mexico 88240
Is gas actually connected? Yes when 8-1-79

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

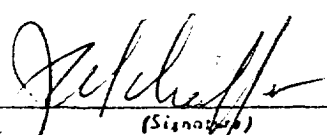
COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Rest'v. Diff. Rest'v.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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)

Test Data
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

AS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (prior, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Assistant District Superintendent
September 14, 1979

OIL CONSERVATION DIVISION
SEP 21 1979
APPROVED BY
Orig. Signed by Jerry Sexton
Dist 1, Sup
TITLE
This form is to be filled 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 Form C-104 must be filled for each pool in multiply