

DATE OF FILING BY AND MINERALS DEPARTMENT		OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501		Revised 10-1-78	
DISTRIBUTION SANTA FE FILE U.S.G.B. LAND OFFICE TRANSPORTER OPERATION PRODUCTION OFFICE CITY/STATE		REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
TEXACO Inc.					
Address P. O. Box 728, Hobbs, New Mexico 88240					
Reason(s) for filing (Check proper box)		Other (Please explain)			
New Well	☐	Change in Transporter of:	Additional transporters effective 8-1-79.		
Recompletion	☐	Oil ☒	Dry Gas ☐		
Change in Ownership	☐	Casinghead Gas ☒	Condensate ☐		
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.	
Central Vacuum Unit	48	Vacuum Grayburg San Andres	State, Federal or Fee	M-1021	
Location					
Unit Letter	B	: 660 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 ☐		Address (Give address to which approved copy of this form is to be sent)			
Mobil Pipe Line Company		P. O. Box 900, Dallas, Texas 75221			
Texas New Mexico Pipe Line Company		P. O. Box 2528, Hobbs, New Mexico 88240			
Phillips Petroleum Company		4001 Penbrook, Odessa, Texas 79762			
TEXACO Inc.		P. O. Box 728, Hobbs, New Mexico 88240			
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.
		E	31	17-S	35-E
		Is gas actually connected?		When	
		Yes		8-1-79	
If 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
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, CR, 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)					
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		
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION			
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.		APPROVED SEP 11 1979			
		BY Jerry Sexton			
		TITLE Dist. L. Supr.			
Assistant District Superintendent		This form is to be filed in compliance with RULE 1104.			
September 14, 1979		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			