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| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRORATION OFFICE       |     |

NEW MEXICO OIL CONSERVATION COMMISSION.  
REQUEST FOR ALLOWABLE  
AND  
HOBBS OFFICE O.C.C.  
APR 7 8 57 AM '66  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

|  |   |
|--|---|
| Operator<br>TEXACO Inc.                      |   |
| Address<br>P. O. Box 728 Hobbs, New Mexico   |   |
| Reason(s) for filing (Check proper box)      | Other (Please explain)  |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of:   |
| Recompletion <input type="checkbox"/>        | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name  
and address of previous owner

|   |            |  |  |
|---|------------|--|--|
| II. DESCRIPTION OF WELL AND LEASE   |            |  |  |
| Lease Name<br><del>State of New Mexico</del> "NCT-1"  | Well No. 3 | Pool Name, Including Formation<br>Vacuum | Kind of Lease<br>State, Federal or Fee |
| Location<br>Unit Letter H ; 2310 Feet From The North Line and 987 Feet From The East<br>Line of Section 25 , Township 17-S Range 34E , NMPM, Lea 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"/><br>TEXACO Inc. (Trucks) | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 728 - Hobbs, New Mexico |                                  |      |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Vented       | Address (Give address to which approved copy of this form is to be sent)                                      |                                  |      |
| If well produces oil or liquids,<br>give location of tanks.  | Unit H Sec. 25 Twp. 17-S Rge. 34-E  | Is gas actually connected?<br>No | When |

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

|   |   |                                   |                       |
|---|---|-----------------------------------|-----------------------|
| IV. COMPLETION DATA   |   |                                   |                       |
| Designate Type of Completion - (X)  | Oil Well Yes No Gas Well New New New New New New    |                                   |                       |
| Date Spudded<br>February 25, 1966   | Date Compl. Ready to Prod.<br>March 7, 1966         | Total Depth<br>4740'              | P.B.T.D.<br>4733'     |
| Pool<br>Vacuum  | Name of Producing Formation<br>Grayburg-San Andrews | Top Oil/ <del>XXXXX</del><br>4449 | Tubing Depth<br>4400' |
| Perforations Perforate 4 1/2" OD casing with one jet shot at 4449', 4452', 4457', 4462', 4471', 4498', 4530', 4538', 4543'. |   | Depth Casing Shoe<br>4740'        |                       |
| TUBING, CASING, AND CEMENTING RECORD  |   |                                   |                       |
| HOLE SIZE   | CASING & TUBING SIZE                                | DEPTH SET                         | SACKS CEMENT          |
| 9 7/8"  | 7 5/8"  | 1598'                             | 800 SX                |
| 7 1/4"  | 4 1/2"  | 4740'                             | 300 SX                |

V. TEST DATA AND REQUEST FOR ALLOWABLE (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<br>April 4, 1966 | Date of Test<br>April 5, 1966 | Producing Method (Flow, pump, gas lift, etc.)<br>Pumping |                    |
| Length of Test<br>24 Hr.                         | Tubing Pressure<br>Pump       | Casing Pressure<br>--                                    | Choke Size<br>Pump |
| Actual Prod. During Test<br>25                   | Oil-Bbls.<br>25               | Water-Bbls.<br>None                                      | Gas-MCF<br>TSTM    |

|                                  |                 |                       |                       |
|----------------------------------|-----------------|-----------------------|-----------------------|
| GAS WELL                         |                 |                       |                       |
| Actual Prod. Test-MCF/D          | Length of Test  | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure       | Choke Size            |

|  |  |   |  |
|--|--|---|--|
| VI. CERTIFICATE OF COMPLIANCE  |  | OIL CONSERVATION COMMISSION   |  |
| 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. |  | APPROVED _____, 19  |  |
| Dan Gillett<br>Assistant District Superintendent<br>April 6, 1966  |  | BY _____<br>TITLE _____   |  |
|  |  | This form is to be filed in compliance with RULE 1104.<br>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.<br>All sections of this form must be filled out completely for allowable on new and recompleted wells.<br>Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.<br>Separate Forms C-104 must be filed for each pool in multiply completed wells. |  |