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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISS.
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

HOBBS OFFICE C. C. C.

JUN 3 2 59 PM '66

I.

Operator TEXACO Inc.	
Address 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 New Mexico "NOC" State	Well No. 1	Pool Name, including Formation Midway Abo <i>Midway-Abo</i>	Kind of Lease State, Federal or Fee
Location Unit Letter <u>J</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>18</u> , Township <u>17-S</u> Range <u>37-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"/> TEXACO Inc. (TRUCKS)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 728 - Hobbs, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Flared (TO BE CONNECTED LATER)	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 18	Twp. 17-S	Rge. 37-E	Is gas actually connected? NO	When

If this production is commingled with that from any other lease or pool, give commingling order number: NO

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well OIL	Gas Well NO	New Well NEW	Workover NEW	Deepen NEW	Plug Back NEW	Same Res'v. NEW	Diff. Res'v. NEW
Date Spudded April 9, 1966	Date Compl. Ready to Prod.		Total Depth 9136'			P.B.T.D. 9078'		
Pool Midway Abo	Name of Producing Formation Abo		Top Oil/Gas Pay 9001'			Tubing Depth 9000'		
Perforations Perforate 4 1/2" casing with 2 jet shots at 9001', 9005', 9013', 9018', 9029', 9035', 9042', 9057', 9060', 9065', and 9074'.						Depth Casing Shoe 9134'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
15"	11 3/4"		354'			300 Sx.		
10 5/8"	8 5/8"		3200'			1500 Sx.		
7 7/8"	4 1/2"		9134'			1300 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 June 1, 1966	Date of Test June 3, 1966	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 24 Hours	Tubing Pressure Swab	Casing Pressure Swab	Choke Size Swab
Actual Prod. During Test 48	Oil-Bbls. 27	Water-Bbls. 21	Gas-MCF 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

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.

W. E. Morgan
W. E. Morgan (Signature)
Assistant to the District Superintendent (Title)
June 3, 1966 (Date)

OIL CONSERVATION COMMISSION

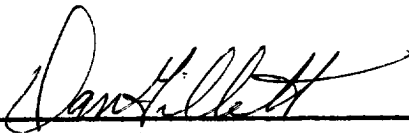
APPROVED _____, 19____
BY _____
TITLE _____

This form is to be filed 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 Sections I, II, III, and VI only 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.

HONORS OFFICE C. C. C.

JUN 3 2 59 PM '66


I, Dan Gillett, being of lawful age and being the
Assistant District Superintendent for TEXACO Inc., do state that
the deviation record which appears on this form is true and correct to
the best of my knowledge.



Dan Gillett

Subscribed and sworn to before me this the 17th day of May,
19 66.

My commission expires October 20, 1966.



R. E. Johnson
Notary Public in and for Lea County,
State of New Mexico.

Lease State of New Mexico "DG" Well No. 1

DEVIATION RECORD

<u>DEPTH</u>	<u>DEGREES OFF</u>
485'	1/4
985'	3/4
1275'	1/4
1580'	1/4
1821'	1/4
2120'	1/2
2530'	1/2
2630'	1
2930'	1/2
3164'	1
3740'	1/4
3866'	1/2
4230'	3/4
4570'	1
4735'	1/2
4930'	1
5160'	1
5535'	1 3/4
5680'	2
5940'	1 3/4
6025'	2 1/4
6190'	2 3/4
6415'	2
6760'	2
6850'	2
7195'	1 1/4
7370'	1 3/4
7690'	1
7880'	1 1/2
8130'	1/4
8695'	2 1/4
8830'	2 1/2
8948'	2 1/2
9136'	2