NO. OF COPIES RECEIVED			
DISTRIBUTION		DNSERVATION COMMISSI	Form C-104 Supersedes Old C-104 and C-110
SANTA FE	REQUEST F	OR ALLOWABLE	Effective lais65
FILE		AND 110688	
U.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL G	AS OUNCE
LAND OFFICE		Jun B	3 08 PH '66
TRANSPORTER	·		
GAS			
OPERATOR			
PRORATION OFFICE		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Operator	العديد في الالتحقيظ المستحد ال المراجع	and a second	
	TEXACO Inc.		*
Address		ha North	
	P. O. Box 728 - Hol	obs, New Mexico	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas	3 <b></b>	
Change in Ownership	Casinghead Gas 📃 Conden:	sate 📕	
		5	
If change of ownership give name		37.1	70 Andreal
and address of previous owner			1
		DUNAL AVA	1 to a start of the
I. DESCRIPTION OF WELL AND I	Well No. Pool Nan	ne, Including Formation	Kind of Lease
State N. M. "DE"	2 JIn	designated Midway-Abo	State, Federal or Fee
Location E 1980	Nonth	622 Feet From 1	West
Unit Letter <u>E</u> ; <u>1900</u>	Feet From The North Line	e and Feet From 1	ne
70	י אר י	7-Е , ммрм,	Lea County
Line of Section 18 , Tow	mship 17-S Range 3	(	
		a	
I. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed copy of this form is to be sent)
Name of Authorized Transporter of Oil		1509 West Wall Ave N	
The Permian Corporati		Address (Give address to which approx	al conv of this form is to be sent)
Name of Authorized Transporter of Cas		Address (Give address to which approv	fed copy of this form is to be sent)
Vented - (TO BE CONNE	CTED LATER)		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en
give location of tanks.	E 18 17-S 37-E	NO	· · · · · · · · · · · · · · · · · · ·
real is a sting in commingled with	h that from any other lease or pool,	give commingling order number:	NO
V. COMPLETION DATA	in that from any other rouse is pro-		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completic	on - (X) OIL NO	NEW NEW NEW	NEW NEW NEW
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
April 29, 1966	June 7, 1966	8970 <b>1</b>	89681
Pool	Name of Producing Formation	Top Oil/OCK Pay	Tubing Depth
Undesignated	Midway Abo	8894*	8850*
Perforations	<u> </u>		Depth Casing Shoe
Perforate 4 1/2" Casir	ng 2 jet shots at 8894',	89061, 89131, 89181, &	8,701
		CEMENTING RECORD 89	261.
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	11 3/4"	3531	300 Sx.
15" 15	8 5/8"	32001	1500 Sx.
10 5/8"	<u> </u>	89701	1500 Sx.
	4 1/2	0/10	
	1		
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil opth or be for full 24 hours)	and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas. li	ft, etc.)
		Flow	
June 1, 1966	June 7, 1966	Casing Pressure	Choke Size
Length of Test			20/64
16 Hours	400	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.	NONE	89.1
_ 165	165	NONB	
	•		
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
resting Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
]			
I. CERTIFICATE OF COMPLIAN	СЕ	OIL CONSERVA	TION COMMISSION
. OBATH FORTE OF COME BINN			
Thereby and if that the sular and	regulations of the Oil Conservation	APPROVED	, 19
Commission have been complied	with and that the information given	н	
above is true and complete to the	e best of my knowledge and belief.	BY	
		TITLE	
112 71.			compliance with RULE 1104.
UE Phiosophin		If this is a request for allow	wable for a newly drilled or deepened
W. E. Morgan (Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
Assistant District Supe	erintendent		ust be filled out completely for allow-
	itle)	All sections of this form mu able on new and recompleted w	ells.
June 8, 1966.		Fill out Sections I. II. III, and VI only for changes of owner,	
	ate)	well name or number, or transpor	ter, or other such change of condition.
			st be filed for each pool in multiply
		completed wells.	· · · · ·