

NEW MEXICO OIL CONSERVATION COMMISSION
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

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
TEXACO Inc.
Address
P. O. Box 728, Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Request permission to temporarily commingle with our N.M. "W" State (Vacuum Abo North) pending formal approval.

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR, NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "DJ" State	Well No. 1	Pool Name, including Formation Vacuum Abo North R-4242	Kind of Lease State, Federal or Fee State	Lease No. E-161-2
Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line of Section 18 Township 17-S Range 35-E , 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"/> Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 728, Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks.	Unit J Sec. 13 Twp. 17-S Rge. 34-E Is gas actually connected? Yes When 12-1-71

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10-15-71	Date Compl. Ready to Prod. 12-1-71	Total Depth 8800'		P.B.T.D. 8770'				
Elevations (DF, RKB, RT, GR, etc.) 4012' DF	Name of Producing Formation Vacuum Abo North	Top Oil/Gas Pay 8642'		Tubing Depth 8770'				
Perforations 2 JSPI @ 8642', 43, 44, 50, 51, 52, 53, 74, 81, 82, 83, 84, 91, 92, 93, 8694.	Depth Casing Shoe 8800'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 1800'		SACKS CEMENT 650 sx TLW & 250 sx C w/1% CaCl.			
7-7/8"	5-1/2"		8800'		2770 sx TLW & 300 sx C w/10# salt/sx.			

V. 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)

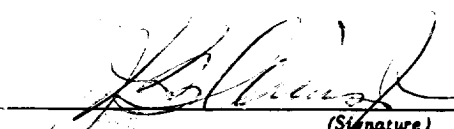
Date First New Oil Run To Tanks 12-1-71	Date of Test 12-5-71	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 191	Oil-Bbls. 191	Water-Bbls. 5	Gas-MCF 138

GAS WELL

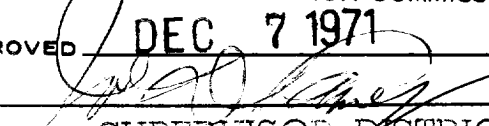
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


(Signature)
Assistant District Superintendent
(Title)
December 6, 1971
(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 7 1971**, 19
BY 
TITLE **SUPERVISOR DISTRICT I**

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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

RECEIVED

DEC - 6 1971

OIL CONSERVATION COMM.
HOBBS, N. M.