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| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

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

I. OPERATOR

Operator
TEXACO Inc.

Address
P. O. Box 728, Hobbs, New Mexico 86240

Reason(s) for filing (Check proper box)

| | | | |
|---------------------|-------------------------------------|---------------------------|--------------------------|
| New Well | <input checked="" type="checkbox"/> | Change in Transporter of: | |
| Re-completion | <input type="checkbox"/> | Oil | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> |
| | | Dry Gas | <input type="checkbox"/> |
| | | Condensate | <input type="checkbox"/> |

ORIGINAL (FIELD) GAS MUST NOT BE PLACED AFTER 11/1/72 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

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 | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. | | | | |
| New Mexico "D" State NCT-1 | 4 | Vacuum Abo North R-4219 | State, Federal or Fee State | 3-143-3 | | | | |
| Location | | | | | | | | |
| Unit Letter | F | 1980 Feet From The North Line and | 1980 Feet From The West | | | | | |
| Line of Section | 27 | Township | 17S | Range | 34E | NMPM, | Lea | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--------------------------|---------------|--------------------------|--|----------------------------|------|
| Name of Authorized Transporter of Oil | <input type="checkbox"/> | or Condensate | <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | |
| Hobbs Pipe Line Co. | | | | P. O. Box 900 - Dallas, Texas 75221 | | |
| Name of Authorized Transporter of Casinghead Gas | <input type="checkbox"/> | or Dry Gas | <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | |
| Vented - To be connected later | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Pge. | Is gas actually connected? | When |
| | F | 27 | 17-S | 34-E | | |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | X | | X | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| September 17, 1971 | October 24, 1971 | 8800' | 8768' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| 4056' DF | Abo | 8651' | | | | | | |
| Perforations | | | Depth Casing Shoe | | | | | |
| W/I JSPI @ 8651', 53', 71', 78', 82', 89', 8709', 15', 18' and 22' | | | 8800' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 11" | 8 5/8" | 1650' | 850 | | | | | |
| 7 7/8" | 5 1/2" | 8800' | 2660 | | | | | |

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)

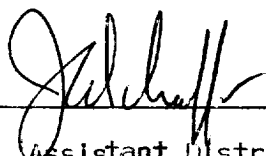
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| October 24, 1971 | 11-10-71 | Pump | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hrs. | --- | --- | --- |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |
| 129 | 129 | 4 | 119 |

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.



Assistant District Superintendent

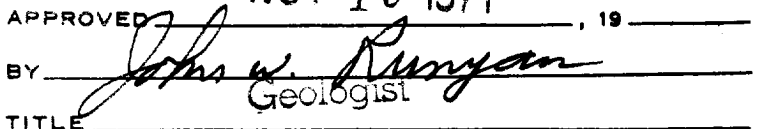
(Signature)

(Title)

November 12, 1971

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 15 1971, 19
BY 
Geologist
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 allowables 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.

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DEC 12 1971

OIL CONSERVATION COMM.
WASH., D. C.