PART PRINTED THE PARTME

CONSERVATION DIVISION P. O. DOX 2088 SANTA FE, NEW MEXICO 87501

LAND DFFICE	REQUEST FO	OR ALLOWABLE			
OPENATION	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
PROBATION OFFICE					
Texaco, Inc.		•			
P.O. Box 728 Ho	obbs, New Mexico 88240				
Keason(s) for liling (Check prop		Other (Please explain)			
New Well Recompletion	Change in Transporter of: Oil Dry C		e Lease Name effective 3/1/82		
Change in Ownership		Ħ l	N.M. 'D' St. Nct-1 #6		
If change of ownership give n and address of previous owne					
DESCRIPTION OF WELL	AND LEASE				
North Vacuum Abo	West Well No. Pool Name, Including	State Fed			
Unit Location	20 Vacuum Abo	North	B-143-3		
Unit Letter L :_	1980 Feet From The South L.	ine and 660 Feet Fro	om The West		
Line of Section 27	T. whatip 17-S Range	34-E , NMPM, I	jea County		
DESIGNATION OF TRANS Name of Authorized Transporter	PORTER OF OIL AND NATURAL G		proved copy of this form is to be sen!)		
Mobil Pipe Line	Company	P.O. Box 900, Dall	as, Texas 75221		
Name of Authorized Transporter Texaco, Inc.	of Casinghead Gas [X] or Dry Gas [ddress (Give address to which approved copy of this form is to be sent) O. Box 728, Hobbs, New Mexico 88240		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
give location of tanks.	; F ; 27 ;17-S;34-I		1-16-72		
f this production is commingly COMPLETION DATA	ed with that from any other lease or pool,	, give commingling order number:			
Designate Type of Com	oletion (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. F		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, e	tc.; Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth		
and the state of t	ie.j	10000,000			
Perforations			Depth Casing Shoe		
	TUBING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
TEST DATA AND REQUES	T FOR ALLOWARIE Grant must be	1 load to the state of the stat	nil and must be equal to or exceed too s		
OIL WELL	able for this d	ter recovery of total volume of load oil and must be equal to or exceed top c pth or be for full 24 hours)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas	: tiji, eic.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Siza		
Actual Prod. During Test	Cil-Bbis.	Water-Bbls.	Gan-MCF		
GAS WELL					
Actual Prod. Test-MCF/D	Length of Toal	Bblz. Condensate/MMCF	Gravity of Condensate		
Teeting Method (pitot, back pr.)	Tubing Pressure (Ehut-in)	Cosing Prossure (Shut-in)	Choke Sixe		
ERTIFICATE OF COMPL	IANCE	OIL CONSERV	ATION DIVISION		
Fereby certify that the rules and regulations of the Oil Conservation ivision have been complied with and that the information given		APPROVED FEB 2	6 1982		
		BY	•		
ove is this and complete to	the best of my knowledge and belief.	III	· !		
	,/				
Stelelial	1/1	If this is a request for all	n compliance with NULE 1104. Ovable for a newly drilled or deeps.		
((Signature)		If this is a request for allowable for a newly drilled or deeps well, this form must be accompanied by a tabulation of the devise tests taken on the well in accordance with MULK 111.			
Assistant District Manager (Tute)		All eactions of this form must be filled out completely for ell-			
February 25, 1982		able on new and recompleted walls. 5711 out only Sections I H. Hi, and VI for Changes of own-			
(Date)		well name or number, or transporter, or other such Change of conditions from C-104 must be filled for each pool in multi-			
,		completed wells.	•		

RECEIVED

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FEB 25 1006

O.C.D.
HOBBS OFFICE

49. OF COPIES REC	EIVED	1	
DISTRIBUTIO	ON		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

January 17, 1972

(Date)

110

	TOTAL RECEIVED			
	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	·
	SANTA FE	PEOLIES	T FOR ALLOWABLE	Form C-104
	FILE	NEGOES		Supersedes Old C-104 and C-1 Effective 1-1-65
	U. S.G.S.	AUTHODIZATION TO T	AND	-
	LAND OFFICE	AUTHORIZATION TO TI	RANSPORT OIL AND NATUR	AL GAS
		_		
	TRANSPORTER OIL	_		
	GAS			
	OPERATOR	-		
	PRORATION OFFICE	 		
2.	Operator			
	·			
	TEXACO Inc.			
	Address	/		
	P. O. Boy 728 Habbe	New Manday 2001.0		
	P. 0. Box 728, Hobbs	New Mexico 88240		
	Reuson(s) for filing (Check proper be	ox)	Other (Please explain)	
	New Well Y	Change in Transporter of:	, , , , , , , , , , , , , , , , , , , ,	
	Recompletion			
		Oil Dry	Go-s	
	Change in Ownership	Casinghead Gas Cond	densate	
	If change of ownership give name			
	and address of previous owner	THIS WILL SEAT	DELM HEADER IN THE POOR	
		General State of the State of t	S CONCUR	
11.	DESCRIPTION OF WELL AND	LEASE STATE OF THE PARTY OF THE		
	Leuse Name NCT-1	Well No. Pool Name, Including		ACCA
	New Mexico "D" State		・ オカラゲー	Ledse Mo.
	The state of the s	6 Vacuum Abo	North State, Fe	ederal or Fee State B-143-3
	Location			
	Unit Letter T. : 10	00 5-45 5		
	19	80 Feet From The South	line and <u>660</u> Feet F	rom The West
	Line of Section 27 To	ownship 17-S Range	34-E , NMPM,	Tan
			7	Lea County
111	DESIGNATION OF TRANSPOR	TER OF ON THE		
AAE.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	AS	
	Name of Authorized Transporter of O	11 💢 or Condensate 🗀	Address (Give address to which a	pproved copy of this form is to be sent)
	Mobil Dina Time de			
	Mobil Pipe Line Co. Name of Authorized Transporter of Co.	rsinghed Cas FE	F.U. BOX 900 Dalla	pproved copy of this form is to be sent)
		asinghead Gas 🔀 or Dry Gas 🗔	Address (Give address to which a	pproved copy of this form is to be sent)
	TEXACO Inc.		P.O. Box 728 Hobbs	Harr Mand as 0001.0
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	When
	give location of tanks.	1 1		I when
		F 27 17S 34E	Yes	1-16-72
	If this production is commingled w	ith that from any other lease or pool	give commingling order numbers	1
IV.	COMPLETION DATA	,	, are comminging order number:	
		Oil Well Gas Well	New Well Workover Deepen	
	Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
		X !	!	i i
	Date Spudded	Date Compl. Ready to Fred.	Total Depth	P.B.T.D.
	12-4-71	7 1. 75		
	Elevations (DF, RKB, RT, GR, etc.)	1-4-72	8830 •	38301
		Name of Producing Formation	Top Oli/Gas Pay	Tubing Depth
	4047° GR	Vacuum Abo North	8686 •	06004
	Perforations		0000	86201
3	ococ o-			Depth Casing Shoe
	2 JSPF 8686 8700	33, 42 - 45, 52, 56, 60	<u> </u>	88301
		TUBING, CASING, AN	D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	···	
	······································		DEPTH SET	SACKS CEMENT
		8_5/8"	1650	800 sx
	7-7/8 ⁿ	57 /2!!	88301	·-
) -1/ 2	0030'	2700 sx
1.				
V. '	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total volume of land	oil and must be equal to or exceed top allow-
	OIL WELL		epth or be for full 24 hours)	on which must be equal to or exceed top allow-
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	116
į	_ •			3 *sjs, 650.j
1.	1-4-72	1-12-72	Pump	i
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
- 1	24 hours	1		<u> </u>
-	Actual Prod. During Test	Oil-Bbis.	W-A- DI	***
	· •	OII-Bbis.	Water-Bbls.	Gas - MCF
1	229	229	9	225
			J	225
	CAC WITT			
, -	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1				
<u> </u>	Testing Method (pitot, back pr.)	Tubba Danas de La La	<u> </u>	
1	resting Method (phot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			1	
VI 'C	ERTIFICATE OF COMPLIANCE	· ·		
₩ # . L	ENTIFICATE OF COMPLIAN	E	OH, CONSER	VATION COMMISSION
			JAN :	1 1972
:	hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED / JANK	19
9	ommission have been complied w	ith and that the information given	17/	160
a i	bove is true and complete to the	best of my knowledge and belief.	BY	Alfmen
		<u> </u>	1 STIDED W	प्राप्त किए अस्ति के किए
		:	TITLE/	our by a roll t
	-000-11	1	11166	
	(11/11/1 /1 /1	,	This form is to be filed to	n compliance with RULE 1104.
	1 Olland		i .	
	Signa	ture)	ir this is a request for all	owable for a newly drilled or deepened
Ź			tests taken on the well in acc	panied by a tabulation of the deviation
6	Assistant District S	uperintendent	1	· ·
-	(Titl	le)	All sections of this form to	nust be filled out completely for allow-

able 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.

/ED

JAN 17 1072

HOUSE, R. IA