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U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
**Texaco, Inc.**  
Address  
**P.O. Box 728, Hobbs, New Mexico 88240**  
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)  
**Change Lease Name effective 3/1/82.**  
**Formerly: N.M. 'D' St. Nct-1 #6**

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <b>North Vacuum Abo West</b>	Well No. <b>20</b>	Pool Name, including Formation <b>Vacuum Abo North</b>	Kind of Lease State, Federal or Fee	Lease No. <b>B-143-3</b>
Unit <b>Unit</b>				
Location <b>Unit Letter L ; 1980 Feet From The South Line and 660 Feet From The West</b>				
<b>Line of Section 27 Township 17-S Range 34-E , NMPM, Lea County</b>				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Mobil Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 900, Dallas, Texas 75221</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Texaco, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 728, Hobbs, New Mexico 88240</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <b>F 27 17-S 34-E</b>
Is gas actually connected?	When <b>Yes 1-16-72</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 c  
able 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
Division 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 Manager**  
(Title)  
**February 25, 1982**  
(Date)

OIL CONSERVATION DIVISION

**FEB 26 1982**

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 device  
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all  
able on new and recompleted wells.

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

Separate Form C-104 must be filed for each pool in multi  
completed wells.

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**FEB 25 1966**

**O.C.D.  
HOBBS 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

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. OPERATOR

Operator  
**TEXACO Inc.**

Address  
**P. O. Box 728, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Redcompletion	<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

THIS WELL HAS BEEN PLACED IN THE POOL  
OF THE FOLLOWING LEASES AND DOES NOT CONCUR  
WITH ANY OTHER LEASE

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>NCT-1</b>	Well No. <b>6</b>	Pool Name, Including Formation <b>Vacuum Abo North</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-143-3</b>
Location Unit Letter <b>L</b> : <b>1980</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>West</b> Line of Section <b>27</b> Township <b>17-S</b> Range <b>34-E</b> , NMPM, <b>Lea</b> 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"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 900, Dallas, Texas 75221</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 728, Hobbs, New Mexico 88240</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>27</b>	Twp. <b>17S</b>	Rge. <b>34E</b>	Is gas actually connected? <b>Yes</b>	When <b>1-16-72</b>

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.
		<input checked="" type="checkbox"/>							
Date Spudded <b>12-4-71</b>	Date Compl. Ready to Prod. <b>1-4-72</b>	Total Depth <b>8830'</b>		P.B.T.D. <b>8830'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>4047' GR</b>	Name of Producing Formation <b>Vacuum Abo North</b>	Top Oil/Gas Pay <b>8686'</b>		Tubing Depth <b>8620'</b>					
Perforations <b>2 JSPF 8686, 8700, 33, 42 - 45, 52, 56, 60 - 66, 8770 - 76'</b>				Depth Casing Shoe <b>8830'</b>					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<b>11"</b>	<b>8-5/8"</b>		<b>1650'</b>		<b>800 8x</b>				
<b>7-7/8"</b>	<b>5-1/2"</b>		<b>8830'</b>		<b>2700 8x</b>				

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 <b>1-4-72</b>	Date of Test <b>1-12-72</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>-</b>	Choke Size <b>-</b>
Actual Prod. During Test <b>229</b>	Oil-Bbls. <b>229</b>	Water-Bbls. <b>9</b>	Gas-MCF <b>225</b>

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.

OIL CONSERVATION COMMISSION

APPROVED **JAN 18 1972**, 19\_\_\_\_  
BY **[Signature]**  
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.

**[Signature]**  
Assistant District Superintendent

**January 17, 1972**

(Date)

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JAN 17 1972

RECREATION COMM.  
HOOVER, R. H.