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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  
**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)  
**Request permission to temporarily com-  
mingle with our New Mexico "D" State NCT-  
(Vacuum Abo North) pending formal approval**  
If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Well Name <b>New Mexico "T" State NCT-3</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Vacuum Abo North</b>	Kind of Lease <b>Federal or Fee</b>	Lease No. <b>3-1030-1</b>
Location <b>P 660 South 660 East</b> Unit Letter _____ Feet From The _____ Line and _____ Feet From The _____ Line of Section <b>28</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"/> <b>Mobil Pipe Line Co.</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>					
Well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>27</b>	Twp. <b>17-S</b>	Rge. <b>34-E</b>	Is gas actually connected? <b>Yes</b>	When <b>3-3-72</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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded <b>1-28-72</b>	Date Compl. Ready to Prod. <b>3-1-72</b>	Total Depth <b>8900'</b>		P.B.T.D. <b>8869'</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>4950' GR</b>	Name of Producing Formation <b>Vacuum Abo North</b>		Top Oil/Gas Pay <b>8710'</b>		Tubing Depth <b>8812'</b>			
Perforations <b>2 JSPP 8 8710', 8718-23, 8732-38, 8750-62, 8774-82, 8786-90, 8792-8800'.</b>			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE <b>11"</b>	CASING & TUBING SIZE <b>8-5/8"</b>	DEPTH SET <b>1630'</b>	SACKS CEMENT <b>850 SX</b>
<b>7 7/8"</b>	<b>5-1/2"</b>	<b>8900'</b>	<b>2650 SX</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>3-1-72</b>	Date of Test <b>3-3-72</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hour</b>	Tubing Pressure <b>---</b>	Casing Pressure <b>---</b>	Choke Size <b>---</b>
Actual Prod. During Test <b>211</b>	Oil-Bbls. <b>211</b>	Water-Bbls. <b>11</b>	Gas-MCF <b>198</b>

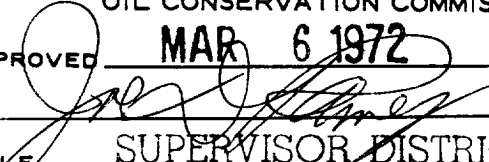
GAS WELL

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.

  
**Assistant District Superintendent**  
**3-3-72** (Title)  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED **MAR 6 1972**, 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.

