

NEW MEXICO OIL CONSERVATION COMMISS
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 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Request permission to temporarily commingle w/our N.M. "D" St. NCT-1 & N.M. "T" St. NCT-3 (Vacuum Abo North) Pending formal approval.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "T" State NCT-4	Well No. 2	Pool Name, including Formation Vacuum Abo North R-4304	Kind of Lease State, Federal or Fee	Lease No. B-1030-1
Location Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West Line of Section 28 Township 17-S Range 34-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 Co.	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 F	Sec. 27	Twp. 17-S	Rge. 34-E
Is gas actually connected?		When		
Yes		4-19-72		

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB-237**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 3-6-72	Date Compl. Ready to Prod. 4-19-72		Total Depth 8910'		P.B.T.D. 8910'			
Elevations (DF, RKB, RT, GR, etc.) 4068' GR	Name of Producing Formation Vacuum Abo North		Top Oil/Gas Pay 8777'		Tubing Depth 8870'			
Perforations 2 JSPI @ 8777, 78, 81, 89, 92, 94, 95, 8807, 14, 20, 22, 28, 30, 36, 42, 44, 50, 51, 57 & 8859'.						Depth Casing Shoe -		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		1620'		850 Sx.			
7-7/8"	5-1/2"		8910'		3000 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)

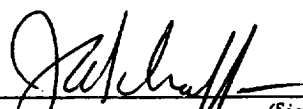
Date First New Oil Run To Tanks 4-9-72	Date of Test 4-19-72	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hour	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil - Bbls. 121	Water - Bbls. 7	Gas - MCF 112

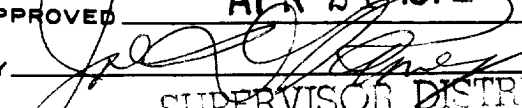
GAS WELL

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)
April 20, 1972
(Date)

OIL CONSERVATION COMMISSION
APR 21 1972
APPROVED _____, 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

MAY 1972

OIL CONSERVATION COMM.
RODERS, N. M.