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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Operator <b>TEXACO Inc.</b>	
Address <b>P.O. Box 728, Hobbs, New Mexico 88240</b>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <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"/>
Other (Please explain) <b>CASINGHEAD GAS MUST NOT BE FLARED AFTER 6/8/72 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.</b>	

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.

Lease Name <b>New Mexico 'V' State</b>		Well No. <b>9</b>	Pool Name, Including Formation <b>Vacuum Abo North R-4304</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-871-1</b>
Location					
Unit Letter <b>D</b>	<b>510</b>	Feet From The <b>North</b>	Line and <b>660</b>	Feet From The <b>West</b>	
Line of Section <b>34</b>	Township <b>17S</b>	Range <b>34E</b>	, NMPM, <b>Lea</b>		County


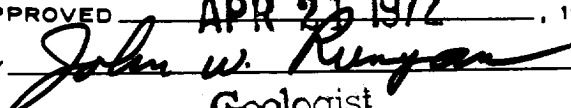
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
<b>The Permian Corp.</b>		<b>P.O. Box 1183, Houston, Texas 77001</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
<b>Vented - To Be Connected Later</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>D</b>	Sec. <b>34</b>	Twp. <b>17S</b>	Rge. <b>34E</b>	Is gas actually connected? <b>No</b>
					When

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded <b>3-14-72</b>	Date Compl. Ready to Prod. <b>4-17-72</b>	Total Depth <b>8,820'</b>		P.B.T.D. <b>8,820'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>4,042' GR</b>	Name of Producing Formation <b>Vacuum Abo North</b>	Top Oil/Gas Pay <b>8,691'</b>		Tubing Depth <b>8,800'</b>					
Perforations <b>2 JSPI @8691, 8701, 12, 18, 22, 29, 31, 34, 36, 49, 52, 56, 58, 71, 75, 78, 86, 88 &amp; 90'.</b>		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<b>11"</b>	<b>8-5/8"</b>		<b>1,630</b>		<b>800 sx</b>				
<b>7-7/8"</b>	<b>5-1/2"</b>		<b>8,820</b>		<b>2,900 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>4-8-72</b>	Date of Test <b>4-17-72</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>
Length of Test <b>24 Hrs.</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>-</b>
Actual Prod. During Test	Oil - Bbls. <b>163</b>	Water - Bbls. <b>9</b>
		Gas - MCF <b>157</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		OIL CONSERVATION COMMISSION	
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.		APPROVED <b>APR 21 1972</b> , 19	
		BY 	
Assistant District Superintendent		Geologist	
April 21, 1972		This form is to be filed in compliance with RULE 1104.	
(Date)		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.	

APR 19 1992

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OIL CONSERVATION COMM.  
HOOVER, N. M.