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	GAS	
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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:
Completion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
FLOWED AFTER 8/11/72
UNLESS IN ACCORDANCE TO R-4070
IS OBTAINED.**

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

Well Name New Mexico 'O' St. NCT-2	Well No. 20	Pool Name, including Formation Vacuum Abo North R-4351	Kind of Lease State, Federal or Fee State	Lease No. B-155-1
Location Well Letter J , 2,080 Feet From The South Line and 1980 Feet From The East Line of Section 33 Township 17S Range 34E , 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"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Vented - to be connected later	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 33	Twp. 17	Rge. 34	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-14-72	Date Compl. Ready to Prod. 6-1-72		Total Depth 8,900'		P.B.T.D. 8,868'			
Elevations (DF, RKB, RT, GR, etc.) 4,059'	Name of Producing Formation Vacuum Abo North		Top Oil/Gas Pay 8,758'		Tubing Depth 8,848'			
Perforations 2 JSPT @ 8758, 72, 74, 76, 89, 90, 92, 98, 99, 8800, 08, 12, 21, 23, 26, 27, 28, 48, 50, 51, 54 & 64'.					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 11"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 1,620'	SACKS CEMENT 550 SX
7-7/8"	5-1/2"	8,900'	2,150 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)

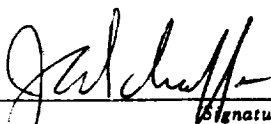
Date First New Oil Run To Tanks 6-1-72	Date of Test 6-12-72	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 57	Water-Bbls. 4	Gas-MCF 49

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

(Title)

June 23, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUN 26 1972

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.

W. C. 400

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JUN 23 1972

OIL CONSERVATION COMM.
HOBBS, N. M.