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

Operator **TEXACO Inc.**  
Address **P. O. Box 12 Hobbs, New Mexico 7240**

Reason(s) for filing (check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Completion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THE COMMISSION.
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

Change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>New Mexico 'V' State</b>	Well No. <b>10</b>	Pool Name, including Formation <b>Vacuum Ato North</b>	Kind of Lease State, Federal or Fee	Lease No. <b>15-271-1</b>
Location Salt Letter <b>L</b> , <b>1900</b> Feet From The <b>South</b> Line and <b>490</b> Feet From The <b>West</b> Line of Section <b>34</b> Township <b>17-S</b> Range <b>34-E</b> , NMPM, <b>Lee</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>The Permian Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1103 Houston Texas 77001</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 72 Hobbs, New Mexico 7240</b>			
Well produces oil or liquids, give location of tanks.	Unit <b>N</b>	Sec. <b>34</b>	Twp. <b>17</b>	Rge. <b>34</b>
	Is gas actually connected?		When <b>1-3-72</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)	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 <b>5-22-72</b>	Date Compl. Ready to Prod. <b>7-1-72</b>		Total Depth <b>850'</b>		P.B.T.D. <b>630'</b>			
Elevations (DE, RKB, RT, GR, etc.) <b>405' OR</b>	Name of Producing Formation <b>Vacuum Ato North</b>		Top Oil/Gas Pay <b>600'</b>		Tubing Depth <b>630'</b>			
Perforations <b>2-JSPI @ 8687, 91, 94, 96, 8708, 16, 18, 27, 29, 31, 37, 39, 40, 45, 47, 49, 58, 66, 68, 70, 72, 78, 81, 84, 86, 88, 92, 94, 96, 8804, 06, 10, 12, 16, 22, 24, &amp; 8826'</b>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <b>11"</b>	CASING & TUBING SIZE <b>5 7/8"</b>		DEPTH SET <b>850'</b>		SACKS CEMENT <b>750 34.</b>			
					<b>2000 34.</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)

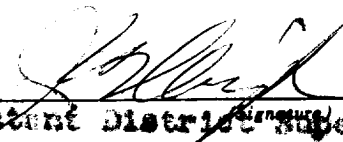
Date First New Oil Run To Tanks <b>7-1-72</b>	Date of Test <b>7-3-72</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hr.</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>-</b>	Choke Size <b>-</b>
Actual Prod. During Test	Oil - Bbls. <b>134</b>	Water - Bbls. <b>10</b>	Gas - MCF <b>124</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

7-3-72 (Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 10 1972**, 19

BY **Orig. Signed by**  
**John Runyan**  
TITLE **Geologist**

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.

JUL 11 1972  
OIL CONSERVATION COMM.  
HOBBS, N. M.

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JUL 16 1972

OIL CONSERVATION COMM.  
HOBBS, N. M.