DISTRIBUTION		CONSERVATION COMMISSIC		
SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-111	
FILE		AND	Effective 1-1-65	
U.S.G.S.		ANSPORT OIL AND NATURAL G	: A S	
LAND OFFICE			1 may	
TRANSPORTER OIL GAS				
OPERATOR PRORATION OFFICE				
TEXACO Inc.				
Address P. O. Box 728, H		8240		
Reason(s) for filing (Check proper box New Well) Change in Transporter of:	Other (Please explain)		
F-1				
Recompletion Change in Ownership	Casinghead Gas Conde			
If change of ownership give name				
and address of previous owner				
Lease Name	Well No. Poo. Name, Including F			
New Mexico 'DJ" Sta	ate 4 Vacuum Ab	O North Sime Federal	Lor Fee B-161-2	
Unit Letter F ; 1	930 Feet From The North	ne and <u>1780</u> Feet From 1	The West	
Line of Section To	wnship 17-8 Range	Зј⊶Е , _{№Рм} ,	Lea County	
II. DESIGNATION OF TRANSPOR	TEB OF OIL AND NATURAL GA	AS		
Name of Author zed Transporter of OI Mobil Pipeline Co		Address (Give address to which approv P. O. Box 900, Dal		
Name of Authorized Transporter of Casinghead Gas or Dry Gas A		Address (Give address to which approved copy of this form is to be sent)		
Unit Sec. Twp. Bae, Is		P. O. Box 728, Hob Is gas actually connected?	b s, New Mexic o 88240	
If well produces oil or itquids, give location of tanks.	J 13 17 34	Yes	9-9-72	
If this production is commingled wi V. COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	Diug Back Same Res'v. Diff. Res'v.	
Designate Type of Completi	on $-(X)$ X	X		
Date Spudded 7-29-72	Date Compl. Ready to Prod.	Total Depth 8850 1	P.B.T.D. 88 4 8 '	
Elevations (DF, RKB, RT, GR, etc.) 4002 GR	Name of Froducing Formation Vacuum Abo North	Tcp Oil/Gas Pay 8661 '	Tubing Depth 8645 1	
Perforations 2 JSPI @ 860	51,58,70,7 4 ,81,85,88	,8700,04,10,14,15,18	Depth Casing Shoe	
28, 30, 34, 50, 55, 69		,15,28,32,36,47,8848		
	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT	
	8 5/8"	1850'	1090	
77/8"	5="	8850'	1800	
			:	
V. TEST DATA AND REQUEST F		after recovery of total volume of load oil (epth or be for full 24 hours)	and must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	(t, etc.)	
9-2-72	9-9-72	Pump		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hrs. Actual Prod. During Test	- Oil-Bbis.	Water - Bbls.	- Gas - MCF	
Actual Prod. During Test	188	17	211	
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	
I. CERTIFICATE OF COMPLIAN	CE		TION COMMISSION	
	tation of the Oil Concernation	APPROVED	P 12 1972 19	
Commission have been complied '	regulations of the Oil Conservation with and that the information given a beat of my knowledge and belief.	a.U. A	and	
above is true and complete to the best of my knowledge and belief.		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 despended		
				Sulla 11-
Assistant District Superintendent				tests taken on the well in accor
(Title)		All sections of this form must be filled out completely for sllow- able on new and recompleted wells.		
9-11-72 (Date)		well name or number, or transport	[, III, and VI for changes of owner, er, or other such change of condition	
		Separate Forms C-104 mus	t be filed for each pool in multiply	

RECEIVED

2 A 19

SEP 1 1 1972 OIL CONSERVATION COMM. HOBBS, N. M.