	Fine	1 -	AND	Ellective 1-1-65
	U.S.G.S.	Ai ORIZATION TO TRA	· , -	GAS
	LAND OFFICE			
	TRANSPORTER GAS	-		
	OPERATOR			
1.	PRORATION OFFICE			
	TEXACO Inc.			
	Address			
	P. O. Box 728, Hobbs, New Mexico 88240			
	Reason(s) for filing (Check proper box		Other (Please explain)	
	New We!! Recompletion	Change in Transporter of: Oil Dry Ga	s 🗔	·
	Change in Ownership	Casinghead Gas Conden	=	
	If change of ownership give name and address of previous owner			
IJ.	DESCRIPTION OF WELL AND Legse Name COM		ormation Kind of Leas	e Leage No.
	New Mexico 'DN' Sta		w North(Gas) State, Feder	nl or Fee K-6023
	Location			
	Unit Letter J : 19	80 Feet From The South Lin	e and 1980 Feet From	The East
	Line of Section 18 To	wnship 17-S Range	35-E , NMPM,	Lea County
**	DESIGNATION OF TRANSPOR	TED OF OU AND NATURAL GA	s	
II.	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)			
	Mobil Pipeline Co.	Comby - Buch	P. O. Box 900, Dal	las, Texas 75221
	Name of Authorized Transporter of Ca		Address (Give address to which appro	
	Northern Natural G		P. O. Box 3316, Mi	dland, Texas 79701
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 18 17 35	Yes	7-12 -7 3
ıV.	If this production is commingled with that from any other lease or pool, give commingling order number:			
	Designate Type of Completic	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	10-13-72	12-18-72	12,515'	12,447'
	Elevations (DF, RKB, RT, GR, etc.)	Vaccified Hor Formation	Top Oil/Gas Pay	Tubing Depth
	3991' GR	North (Gas)	11,5501	Depth Casing Shoe
	Perforations 2 JSPF 11,550-59, 11,700-08, 1 JSPF 11,750-94, 2 JSPF 11,893-900, 12,000-04, & 12,061-66.			
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	casing a tubing size	375 ¹	SACKS CEMENT
	118	8 5/8"	50001	1250 ax.
	7 7/8"	4 14	12.515'	1350 ax.
			gala	
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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)			
	OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF
	GAS WELL 12-21-72			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	AOF 5556	4	29	43.0
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 12/64
	Back Pressure	3466	OU CONSERV	ATION COMMISSION
VI.	CERTIFICATE OF COMPLIAN	CE	OL CONSERV	A I ION COMMISSION
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19	
	Commission have been complied with and that the information given		All Alman	
	above is true and complete to the best of my knowledge and belief.		BY	
	177/11/1		TITLE	
	1/////////////////////	//	This form is to be filed in compliance with RULE 1104.	
	We kenny		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	
	(Signature)		tests taken on the well in accordance with RULE 111.	
	Assistant District Superintendent (Tule)		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
í	7_12_73		Fitt and only Sections I II III, and VI for changes of owner,	
	(Date)		well name or number, or transpo	iter, or other such change of conditions
	The second secon		Separate Forms C-104 mu	st be filed for each pool in multiply
		•		