

DISTRIBUTION	
ANTA FE	
ILE	
S.G.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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
TEXACO Inc.
Address
P. O. Box 728, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Vacuum Unit	Well No. 51	Pool Name, Including Formation Vacuum Grayburg San Andres	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee <input type="checkbox"/>	Lease No. B-155-1
Location Unit Letter I 1360 Feet From The South Line and 150 Feet From The East Line of Section 33 Township 17-S Range 34-E , 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"/> Texas-New Mexico Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 5565, Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 28	Twp. 17-S	Rge. 34-E	Is gas actually connected? Yes	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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11-19-75	Date Compl. Ready to Prod. 12-16-75		Total Depth 4800'		P.B.T.D. 4760'			
Elevations (DF, RKB, RT, GR, etc.) 4035' (GR)	Name of Producing Formation Grayburg-San Andres		Top Oil/Gas Pay 4600'		Tubing Depth 4530'			
Perforations Perforated 5 1/2" OD Casing w/2-J8PF @ 4515', 31', 40', 74', 193', 4631', 41', 56', 73', 85', 93', 4701', 07', 12', & 4717'.		Depth Casing Shoe 4800'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/8" 7 7/8"	CASING & TUBING SIZE 8 5/8" 5 1/2"		DEPTH SET 355' 4800'		SACKS CEMENT 350 sx. 200 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 12-16-75	Date of Test 12-23-75	Producing Method (Flow, pump, gas lift, etc.) Submersible Pump	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil - Bbls. 19	Water - Bbls. 486	Gas - MCF TSTM

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

1-7-76

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **Jerry Septon**
TITLE **Secretary**

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

I, J. A. Schaffer, being of lawful age and being the Assistant District Superintendent for TEXACO Inc., do state that the deviation record which appears on this form is true and correct to the best of my knowledge.

J. A. Schaffer
J. A. Schaffer

Subscribed and sworn to before me this the 7th day of January, 1976.

My Commission expires 2-24, 1977.

B. J. Hokinier
Notary Public in and for Lea County,
State of New Mexico

Lease West Vacuum Unit Well No. 51

DEVIATION RECORD

DEPTH

355
846
1343
1842
2732
3248
3749
4023
4490
4800

DEGREES OFF

1
1
1
1
1
3/4
3/4
3/4
1 3/4
1 1/2
1