

DISTRIBUTION	
ANTAFE	
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 <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
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. 52	Pool Name, Including Formation Vacuum Grayburg San Andres	Kind of Lease State, Federal or Fee	Lease No. B-871-1
Location				
Unit Letter K	1466	Feet From The South Line and 1375	Feet From The West	
Line of Section 34	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 checked="" 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 6666, 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 1-15-76

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 11-30-75	Date Compl. Ready to Prod. 1-14-76	Total Depth 4800'	P.B.T.D. 4770'					
Elevations (DF, RKB, RT, CR, etc.) 4033' (GR)	Name of Producing Formation Grayburg - San Andres	Top Oil/Gas Pay 4493'	Tubing Depth 4745'					
Perforations Perforated 5 1/2" OD casing w/2-JSPF @ 4493', 4545', 4557', 4607', 4622', 4633', 4648', 4656', 4664' & 4672'.	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 370' 4800'		SACKS CEMENT 350 1425			

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)

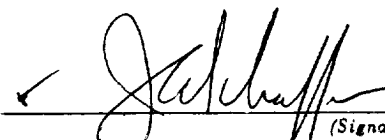
Date First New Oil Run To Tanks 1-15-76	Date of Test 1-15-76	Producing Method (Flow. pump, gas lift, etc.) Submersible Electric Pump	
Length of Test 24 Hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 65	Water-Bbls. 387	Gas-MCF TSTM

GAS WELL

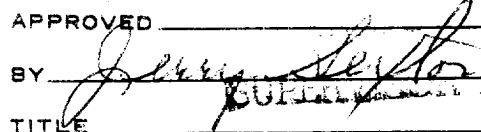
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


(Signature)
Assistant District Superintendent
(Title)
1-20-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE _____

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.

CONFIDENTIAL