	NO. OF COPIES RECEIVED				•	· —						• •
	DISTRIBUTION				NEW MEXICO OU O					01157701471011 0011110011		
	SANTA FE				REQUEST FOR ALLOWABLE AND							Oi4
	FILE											
	U.S.G.S.			AUTHORIZATION TO TRA								
	LAND OFFICE				AUTHORIZATION TO TRANSPORT OIL AND N							URAL GAS
	IRANSPORTER	OIL GAS										
	OPERATOR	· I										
i.	PRORATION OFFICE				- 							
1.	Operator											
	TEXACO Inc.											
	Address											
		P. O. Box 728, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper bax) Other (Please explain)										lain)
	New Well	[x]			Chanae (n Transn	orter of:			01.101 1.101		1411.7
	New Well X Change in Transporter of: Hecompletion Oll Dry Gas											
	Change in Ownershi		Casinghead Gas Condensate									
									<u>" </u>	<u> </u>		
	If change of owners and address of pre	vious	owner_				/		1	- 	····	
11.	DESCRIPTION C)F WE	LL A	ND LEAS	Well No.	Pool N	ame, includ	ling Form	ation	V-3759	Kin	nd of Lease
	New Mexico '	'DB"	Stat	е	1		o (Ato					te, Federal or
	Location Unit Letter	В	_;_	710	Feet Fro	om The_	North	Line a	ind	1980	F	eet From The
	Line of Section	25		Township	20-	<u>-</u> \$	Range	•	35 - E	, NM	РМ,	
III.	DESIGNATION O)F TE	RANSP	ORTER	OF OIL	AND	NATURA	L GAS				
		Nume of Authorized Transporter of Oil or Condensate Address (Give address to which approved										
	None											
	Name of Authorized	Trans	porter o	Casinghe	ad Gas	or	Dry Gas	j A	ddress	(Give addres	s to w	hich approved

Ștate, Federal or Fee

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

Lease No.

E-8072

East

Lea

	Line of Section 25	ownship 20-5	Range	35=5	, NMPM,	Lea	County				
	DESCRIPTION OF MD ANGRO	200 00 00 00 00 00 00 00 00 00 00 00 00	** A MY : D A 7 . G	4.0							
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										
į	None		Addisse (of	eddress (Give address to which approved copy of this form is to be sent)							
i	Name of Authorized Transporter of (Casinghead Gas 🔲 💮 or	Dry Gas 🗀	Addross (Give address to which approved copy of this form is to be sent)							
	Llano Inc.	Unit Sec.	Twp. Rge.	P. O. Box 2115, Hobbs, New Mexico 88240							
	If well produces oil or liquids, give location of tanks.	None		Yes	.,	December 19, 19	1				
	f this production is commingled with that from any other lease or pool, give commingling order numbers COMPLETION DATA										
	Designate Type of Comple	OII Wel	Gas Well	New Well	Workover Deeper	Plug Back Same Resty	Diff. Restv.				
	Date Spudded	Date Compl. Ready	Prod.	Well Shi	ut-in since c	completion	1				
	•	Fahminmi 21	7066	12.0	2001	11,8941					
	Nov. 22, 1965 Elevations (DF, RKB, RT, GR, etc.	Name of Producing F	ormation / /	Top Oil/Gas	Pay	Tubing Depth					
	36781 (D. F.)	Atoka	1 11	11,3		11,990'					
	Perforations Perforated W/2 JSPI @ 11,3781, 11,			11.404	11./201	Depth Casing Shoe					
	11,444, 514, 517, 538, 545, 554, 559, 567, 570, 578, 600.										
	11,600, 611, TUBING, CASING, AND CEMENTING RECORD										
	HOLE SIZE	CASING & TU			DEPTH SET	SACKS CEME	SACKS CEMENT				
1	15"	11 3/			1961	350	250				
`	10 5/8"		811		5001	2000					
Ì	7 5/8"	2 7/	8"		901	1450					
Ì				1							
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 Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Ì	Length of Test	Tubing Pressure		Casing Press	bw•	Choke Size	Choke Size				
	Actual Prod. During Test	ual Prod. During Test Oil-Bbls.				Gds - MCF	Gas-MCF				
,	GAS WELL										
ſ	Actual Prod. Test-MCF/D	Length of Test		Bble. Conder	negte/MMCF	Gravity of Condensate					
	February 21, 1966	24 hours		107	5/MCF	_	-				
Ì	February 24, 1966 Testing Method (pitot, back pr.)	Tubing Pressure (8)	nut-in)	Casing Press	ure (Shut-in)	Choke Size					
l	Flow (Back Pressur	·e) –		518	30	2և/6և"					
VI.	CERTIFICATE OF COMPLIA	NCE			OIL CONSERVATION COMMISSION						
	I have be consider that the culor party	d regulations of the O	il Conservation	APPROV	EB	, 1	9				
	I hereby certify that the rules an Commission have been complied above is true and complete to	i with and that the in	formation given	11 (By John W. Kungan						
				TITLE _	Pro Sec.						
		Λ		This form is to be filed in compliance with RULE 1104.							
	Child Miller	-//		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.							
•		ghature)									
	**Ssistant District S	Superintendent Tide)		All as	All sections of this form must be filled out completely for allowable on new and recompleted wells.						
	December 20, 1968	Date)		True .	Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.						
		puit/		Separ	Separate Forms C-104 must be filed for each pool in multiply completed walls.						