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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		_
IRANSPORTER	OIL	
	GAS	
OPERATOR		

Ш.

DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104		
SANTA FE	REQUEST	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1	
FILE	AND Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURA	AL GAS
LAND OFFICE			
IRANSPORTER OIL			
OPERATOR GAS	_		
I. PRORATION OFFICE			
Operator			
TEXACO Inc.			
P. O. Box 728, Hobi	bs, New Mexico 88240		
Reason(s) for filing (Check proper box		Other (Please explain)	,
New Well	Change in Transporter of:		
Recompletion	Oil Dry Ga		
Change in Ownership	Casinghead Gas Conder	nsate	
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	ormation Kind of	Lease No.
Lease Name Cotton Draw Unit	69 Paduca Delaw	4	LC-061936
Location	Tudded Delaw		
	1980 Feet From The South Lin	1980 Feet F	From The West
34:	wnship 24-S Range 32	-E , NMPM, L	ea County
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which	approved copy of this form is to be sent)
The Permian Corporati	tion 1509 West Wall Ave., Midland, Texas 79701		
Name of Authorized Transporter of Co Phillips Petroleum Co).	P. O. Box 6666, Ode:	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 34 24-S 32-E		January 28, 1970
If this production is commingled w	ith that from any other lease or pool,	give commingling order number	., PC-372
IV. COMPLETION DATA			
Designate Type of Completi	on - (X)	New Well Workover Deeps	en Plug Back Same Restv. Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
Ferrordions			
	TUBING, CASING, AN	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		<u> </u>	
V. TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of loc epth or be for full 24 hours)	nd oil and must be equal to or exceed top allow
OII. 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
			Car MCE
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
		<u></u>	
GAS WELL		Tall A	Complete of Condensate
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 COMPLIAN	NCE	OIL CONSE	ERVATION COMMISSION
			, 19
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		1.000	I Tanton
above is true and complete to the	ne best of my knowledge and belief.	BY_	it was
		TITLE	United to
	1		

VI.

Superintendent Assistant District (Title)

February 24, 1970

(Date)

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.