NO. DE LOPIES PLA	(IVE)	1	
DISTRIBUTION		<u> </u>	
SANTA FE			
FILE			
U.S.G.S.			ļ
LAND OFFICE		l	
TRANSPORTER	OIL	ļ	
	GAS		
OPERATOR			
PRORATION OFFICE		1	

NEW MEXICO OIL CONSERVATION COMMISSION

16rm C-104

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
FILE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATUR	AL GAS
LAND OFFICE			- 1 3 · 1 3 · 1 · 1 · 1 · 1 · 1 · 1 · 1 ·
TRANSPORTER GAS			•
OPERATOR			
PRORATION OFFICE			
Sperator			
TEXACO Inc	C •		
Address			
P. O. Box		obs, New Mexico 8824	
Reason(s) for filing (Check proper b		Other (Please explain	ssion to temporily commingly
New Well	Change in Transporter of:	GR CONT #60 0:7 6	nd #70 condensate pending
Recompletion	Oll Dry Go	177 Pet 7 day 28 22	mingle request.
Change in Ownership	Chandhedd dda Canh	113.10	3
If change of ownership give name			
and address of previous owner			en e
II. DESCRIPTION OF WELL AN	D LEASE		
Leane Name	Well No. Pool Name, Including h		
Cotton Draw Unit	70 Paduca North I	Delaware state, F	Federal or Fee NM 05403
Location	0. 1	640	West
Unit Letter;;	1980 Feet From The South Li	ne and Feet	From The West
_ ,	Township 24-S Range	32-E , NMPM.	Lea County
Line of Section 34	Township 24-5 Range	, NMPM,	County
THE PARTY OF THE ANICHOU	D TRAITTER AND THE CO	A C	
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL GA	Address (Give address to which	approved copy of this form is to be sent)
The Permian Corporat		1509 West Wall, Mid	
Name of Authorized Transporter of		Address (Give address to which	approved copy of this form is to be sent)
TEXACO Inc.			os, New Mexico 88240
If well produces oil or liquids,	Unit Sec. Twp. Ego.	Is gas actually connected?	When
give location of tunks.	K 34 24-S 32-E	Yes	February 20, 1969
If this production is commingled	with that from any other lease or pool,	give commingling order numbe	r:
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep	
Designate Type of Comple		1 1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spaceou			
Elevations (DF, RKB, RT, GR, etc.	, Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
		ID CEMENTING RECORD	CARLO CENCAT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		f and a second and a second as	pad oil and must be equal to or exceed top allo
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this c	lepth or be for full 24 hours)	
OH. 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
			Gas-MCF
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	da-wo.
			
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Fendin of Lear		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
, esting Method (pitot, oder pr.)	,	•	
VI GEOTERICATE OF COVEY	ANCE	OIL CONS	ERVATION COMMISSION
VI. CERTIFICATE OF COMPLI	AITOM		1 Table
Y handle consideration above the enter of	and regulations of the Oil Conservation	APPROVED	, 19
a training brown complis	ad with and that the iniormulion give		18 Perly
above is true and complete to	the best of my knowledge and belief	BY	11/00/

Whork	
o v reci	(Signature)
Assistant District	Superintendent

(Date)

(Title)

February 21, 1969

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 touts 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.

This form is to be filed in compliance with RULE 1104.

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