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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

Operator TEXACO Inc.		
Address P. O. Box 728 - Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
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"/>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cotton Draw Unit	Well No. 72	Pool Name, including Formation Paduca North Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-054031
Location North Paduca - Delaware R-3780				
Unit Letter 'P' : 660 Feet From The South Line and 660 Feet From The East				
Line of Section 33 Township 24-S Range 32-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
TEXACO Inc.	P.O. Box 728 - Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	February 18, 1969

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded August 31, 1968	Date Compl. Ready to Prod. September 14, 1968		Total Depth 4850'		P.B.T.D. 4822'			
Elevations (DF, RKB, RT, GR, etc.) 3510' (DF)	Name of Producing Formation Delaware		Top Gas/Gas Pay 4766'		Tubing Depth 4592'			
Perforations 4-1/2" OD casing perforated w/2 JSPF from 4766' to 4774'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-7/8"	7-5/8" OD 24#		483'		300 Sx Class 'C'			
6-3/4"	4-1/2" OD 9.5#		4850'		150 Sx Class 'C'			

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 1957	Length of Test 4 Hrs	Bbls. Condensate/MMCF -0-	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1701	Casing Pressure (Shut-in) Packer	Choke Size AOF

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.

WE. Margant  
(Signature)  
Assistant District Superintendent  
(Title)  
February 20, 1969  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY J. L. Ramey  
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.