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U.S.G.S.	
LAND 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
O.C.C.

HOBBS OFFICE
NOV-19 2 58 PM '65

I. Operator	
TEXACO Inc.	
Address	
P. O. Box 728 - Hobbs, New Mexico	
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	Well No.	Pool Name, Including Formation	Kind of Lease
C. Elliott Federal	1	Undesignated	R-3896 West Tail-Strawn Gas
Location		State, Federal or Fee	
Unit Letter J, 1980 Feet From The South Line and 1980 Feet From The East			
Line of Section 8, Township 25-S Range 36-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"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation	1509 West Wall Ave. - Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Vented - To be connected later.		
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 8
	Twp. 25-S	Rge. 36-E
	Is gas actually connected? NO	
	When	

If this production is commingled with that from any other lease or pool, give commingling order number: NONE

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	OIL	NO	NEW	NEW	NEW	NEW	NEW	NEW
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
August 13, 1965	November 18, 1965		12,276'			12,264'		
Pool	Name of Producing Formation		Top Oil/Casing Pay			Tubing Depth		
Undesignated	Strawn		11,949'			12,272'		
Perforations Perforate 2 7/8" Casing 2 Jet Shots 11,949', 11,972', 11,990', 12,001', 12,032', 12,040', 12,046', 12,062', 12,068', and 12,072'.						Depth Casing Shoe		
						12,272'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
15"	11 3/4"		370'			500 Sx.		
10 5/8"	8 5/8"		5100'			1600 Sx.		
7 5/8"	5 1/2"		11400'			1100 Sx.		
4 3/4"	2 7/8"		12272'			200 Sx.		

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

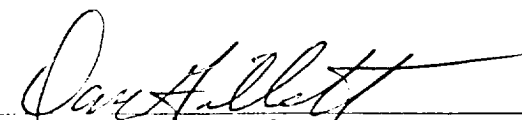
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
November 13, 1965	November 18, 1965	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	150	- - -	18/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
72	72	NONE	55.0

GAS WELL

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

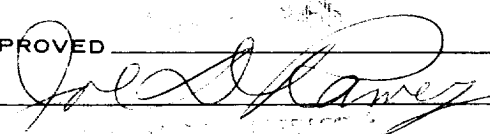
VI. CERTIFICATE OF COMPLIANCE

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.


Dan Gillett
Assistant District Superintendent
(Title)

November 19, 1965
(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.

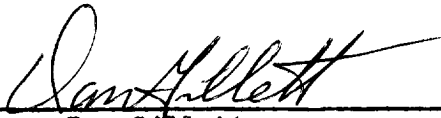
All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.

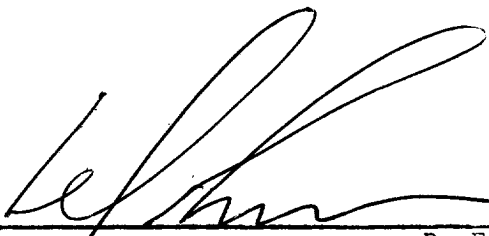
Nov 19 2 58 PM '65

I, Dan Gillett, being of lawful age and being the
Assistant District Superintendent for TEXACO Inc., do state that
the deviation record which appears on this form is true and correct to
the best of my knowledge.


Dan Gillett

Subscribed and sworn to before me this the 19th day of November,
19 65.

My commission expires October 20, 1966.


R. E. Johnson
Notary Public in and for Lea County,
State of New Mexico.

Lease C. Elliott Federal Well No. 1

DEVIATION RECORD

<u>DEPTH</u>	<u>DEGREES OFF</u>
439'	1
697'	1
1216'	1 1/4
1476'	1 1/2
1755'	1 1/2
2386'	2
2638'	2
3143'	3
3435'	2 1/2
3617'	2 1/2
3904'	1
4346'	2 1/2
4667'	1 1/2
4965'	2 1/2
5520'	2
5846'	2
5960'	1 1/2
6364'	1/4
6893'	1/2
6910'	1/2
7294'	1/2
7525'	2
7784'	2
8091'	1 3/4
8587'	3 1/4
8955'	2 1/2
9139'	2 3/4
9627'	2 3/4
9869'	1 3/4
10281'	2 1/4
10605'	2 1/2
10931'	3
11336'	3
11528'	3 1/4
11836'	2
12164'	2 1/4
12242'	5 3/4
12276'	5 1/4