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NO. OF COPIES, RECEIVED		<u>, ***</u> -		
CISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSIC.	Form C-104	
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11	
FILE		AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (3AS	
LAND OFFICE	- Nothick Extrict to the	17.56		
OIL			JU	
RANSPORTER GAS				
OPERATOR				
PRORATION OFFICE			·	
Cperator	<u> </u>			
	TEXAGO Inc.			
Address	P. O. Box 728 - Hobb	bs, New Mexico		
Reason(s) for filing (Check proper bo.		Other (Please explain)		
New Weil	Change in Transporter of:	Tap		
Recompletion	Oil Dry G			
Change in Ownership	Casinghead Gas Conde	nsate		
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND		1 - Padu	ra- Devanian Gas	
Lease Name	Well No. Pool No	ame, Including Formation R-3/95	Kind of Lease	
Cotton Draw Unit	64 Und	esignated Devonian	State, Federal or Fee	
Location G 165	2 Feet From The West Li	ne and Feet From	The North	
78	25_5	32	Lea	
Line of Section 10 , To	ownship ZJ=5 Range	, NMPM,	County	
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS		
Name of Authorized Transporter of O	l or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)	
NONE				
El Paso Natural Gas C	asinghead Gas or Dry Gas 🛣 ompany	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1304 - Jal, New Mexico Fourth Floor - Broadmoor Bldg, Hobbs, N. M.		
*Llano Inc. Gas Compan	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en	
give location of tanks.	C 18 25-S 32-E	<u> </u>	October 20, 1966 each on split connection	
If this production is commingled w IV. COMPLETION DATA	ith that from any other lease or pool,	give comminging order number:		
Desire to Tours of Complete	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Complete	NO ; YES	NEW NEW NEW	NEW NEW NEW	
Date Spudded	Date Compl. Ready to Prod.	. Total Depth	P.B.T.D.	
September 27, 1965	October 21, 1966	16,537	Open Hole	
Fool	Name of Producing Formation	Top WX/Gas Pay	Tubing Depth	
Undesignated	Devonian	16,4921	16,220:	
Perforations	7/ 508:		Depth Casing Shoe	
Open Hole - 16,492' t			16,218'	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
26"	20"	8001	1400 Sx.	
17 1/2"	13 3/8"	γηοΤι	5000 Sx.	
12 1/4"	10 3/4"	12600'	3200 Sx.	
8 3/8"	*7 5/8"	*16218*	*3407 Sx•	
V. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be	after recovery of total volume of load oil	and must be equal to or exceed top allow	
OIL WELL	able for this d	epth or be for full 24 hours) Producing Method (Flow, pump, gas li	•	
Date First New Oil Run To Tanks	Date of Test	Producing Method (rtow, pump, gas to	ji, etc.)	
			Choke Size	
Length of Test	Tubing Pressure	Casing Pressure	Olloke Gize	
	and Dred During Test Oil-Bbls. Water-Bbls.		Gas - MCF	
Actual Prod. During Test	Oil-Bbls.	nater - Data.		
*7 5/8" Casing from 12	1	<u> </u>		
	2.224 to 16.218 and 7	5/8" Casing from Surface	to 11,832'.	
	2,224 to 16,218, and 7	5/8" Casing from Surface	to 11,832'.	
GAS WELL Actual Prod. Test-MCF/D	2,224 to 16,218, and 7	Bbls. Condensate/MMCF	to 11,832.	
GAS WELL Actual Prod. Test-MCF/D	Length of Test			
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
GAS WELL Actual Prod. Test-MCF/D CAOF 92,000	Length of Test 24 Hours	Bbls. Condensate/MMCF	Gravity of Condensate NONE	
GAS WELL Actual Prod. Test-MCF/D CAOF 92,000 Testing Method (pitot, back pr.) Back Pressure	Length of Test 24 Hours Tubing Pressure 5315	Bbls. Condensate/MMCF NONE Casing Pressure	Gravity of Condensate NONE Choke Size 15/64**	
GAS WELL Actual Prod. Test-MCF/D CAOF 92,000 Testing Method (pitot, back pr.) Back Pressure	Length of Test 24 Hours Tubing Pressure 5315	Bbls. Condensate/MMCF NONE Casing Pressure	Gravity of Condensate NONE Choke Size	
GAS WELL Actual Prod. Test-MCF/D CAOF 92,000 Testing Method (pitot, back pr.) Back Pressure VI. CERTIFICATE OF COMPLIAN	Length of Test 24 Hours Tubing Pressure 5315	Bbls. Condensate/MMCF NONE Casing Pressure OIL CONSERVA	Gravity of Condensate NONE Choke Size 15/64**	
GAS WELL Actual Prod. Test-MCF/D CAOF 92,000 Testing Method (pitot, back pr.) Back Pressure VI. CERTIFICATE OF COMPLIAN I hereby certify that the rules and Commission have been complied	Length of Test 24 Hours Tubing Pressure 5315	Bbls. Condensate/MMCF NONE Casing Pressure OIL CONSERVA APPROVED	Gravity of Condensate NONE Choke Size 15/64** ATION COMMISSION	

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

TITLE

(Signature)

(Title)

(Date)

Superintendent

Assistant District

October 18, 1966

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.

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.

able 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.

64

C. C.

DEVIATION RECORD

Well No.

Cotton Draw Unit

DEPTH					•	DEGREES OFF
2001		1.1				3/4
8001			•			3/4
9421					5 1	3/4
1245						
1511					•	3 1 3/4
1840•				-		3/4
21801						3/4
2440						1/2
2830						3/4
3385	*					1
36201						11/4
3870	*					1 1/4
4000 : 4231 :		,		4		2 2 1/4
44201						
4750						1 1/2 1
5237 !						1
56381						1 3/4
59981						1 3/4
64901						3/4
66601		•				1
6998						1 1/4
74251						1 1/2
7660				ı		1 ′
7835				**		3/4
79651						3/4
84591	<i>'</i> .					1
8794						1 1/4
9310						1 1/4
9510 ! 9843 !						1 7/0
10012				7 .		1/2
10420	•					1/2 1/2
10800						1/4
10935					•	3/4
,						2/4