NO. OF COPIES REC	EIVED	!
DISTRIBUTIO		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
A		

	DISTRIBUTION SANTA FE FILE		FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
1.	U.S.G.S.  LAND OFFICE  TRANSPORTER  GAS  OPERATOR  PRORATION OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL GA	S
••	Operator TEXACO Inc. Address			
	P.O. Box 728 Hobbs Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership	New Mexico 88240  Change in Transporter of:  Oil Dry Ga Casinghead Gas Conden	ellective 3-7-15	
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, including Fo	ormation Kind of Lease	Lease No.
	J. C. Estlack	1 Blinebry Gas		red
	Unit Letter T : 66	O Feet From The West Linewiship 218 Range	37E , NMPM,	South Lea County
III.	DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	EFFECTIVE JANUA S SKELLY OIL COM Address (Give address) GENTLY POIL	PANY MERGED
	Texas-New Mexico Pipe Name of Author!zed Transporter of Cas	e Line Co. singhead Gas or Dry Gas X	P.O. Box 1510 Midland. Address (Give address to which approved	Texas 79701 I copy of this form is to be sent)
	Skelly Oil Co.  If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When	Mexico 88240  June 20, 1969
	If this production is commingled wir COMPLETION DATA	th that from any other lease or pool,	give commingling order number: p	C-274
	Designate Type of Completion		1 ; ;	P.B.T.D.
	Date Spudded  Elevations (DF, RKB, RT, GR, etc.,)	Name of Producing Formation		Tubing Depth
	Perforations	l and of the same		Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
v.	TEST DATA AND REQUEST FO		fter recovery of total volume of load oil and	d must be equal to or exceed top allow-
	OIL 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
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
,	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test		Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Choke Size
	CERTIFICATE OF COMPLIANCE		OIL CONSERVAT MAY 16	1972
	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.		Orig. Signed by  BY	

## VI

Assistant District Superintendent (Title)

(Date)

May 1, 1972

Dia. I, Supv.

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

on bearing upon the converse of the converse o

RECEIVED

MIN 2 1972 OIL CURSERVATION COMM. HUBBS, N. M.