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REG. S.
LAND OFFICE
TRANSPORTER
OPERATOR
PRODUCTION 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

Name: Texaco Inc.	
Address: Drawer 723	
Hobbs, N. M. 83210	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> Change in Transporter of <input type="checkbox"/> Oil <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter of <input type="checkbox"/> Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Condensate <input type="checkbox"/> Dry Gas	*To change well number from 4206 to 7

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Well Name: West Lovington Unit	Well No.: *7	Pool Name, including Formation: West Lovington	Kind of Lease: _____ State, Federal or Fee
Location:	Section: 680	East of The: East	Line and: 1980
Foot Letter: H	Feet From The: _____	Line and: _____	Feet From The: North
Area of Section: 6	Township: 17-S	Range: 36-E	N.M.M., Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)
Texas New Mexico Pipe Line Company	P. O. Box 1510 - Midland, Texas
Transporter of 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)
Skelly Oil Company	P. O. Box 1135 - Eunice, New Mexico
If well produces oil or liquids, use for transport:	Unit: I Sec: 5 Twp: 17-S Rng: 36-E
Is gas actually connected? Yes	When: Unknown

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)								
Date Drilled	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Tool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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)

Time First New Oil Run To Tank	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Length of Test (piston, 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.

J. C. Blevins, Jr.
 J. C. BLEVINS, JR.
 ASST. DIST. SUPT.
 JUN 15 1965

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.