NO. OF COPIES RECI	EIVED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

November 8, 1966

(Date)

## TEW MEXICO OIL CONSERVATION COMMISSIC..

Form C-104 Supersedes Old C-104 and C-110

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.

SANTA FE	REQUEST	AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS	
LAND OFFICE		• • • • • • • • • • • • • • • • • • •	. 3.4 35	
IRANSPORTER OIL	·			
GAS	-			
PRORATION OFFICE				
Operator				
	TEXACO Inc.			
Address	P. O. Box 728 -	Hobbs, New Mexico		
Reason(s) for filing (Check proper box		Other (Please explain)	hange in transporter from	
New Well	Change in Transporter of:	The Permian Cor	hange in transporter from poration to: Texas-New	
Recompletion	Oil X Dry G	ensate Mexico Pipe Lin	e Company.	
Change in Ownership	Casinghead Gas Conde	ansure Lad		
f change of ownership give name				
and address of previous owner				
DESCRIPTION OF WELL AND	LEASE LWOUND FOOLN	ame, Including Formation	Kind of Lease	
Lease Name		"J" Pennsylvanian	State, Federal or Fee	
N. M. "BY" State N	UT=2   1   Hazy	1 emisyrvanian		
Unit Letter N ; 99	PO Feet From The South L	ine and 1980 Feet From	m The West	
Onit Letter		22.5	Lea County	
Line of Section 35 , To	ownship 13-S Range	33-Е , ммрм,	Lea County	
	TOP OF OUR AND NATURAL C	AC		
DESIGNATION OF TRANSPORM  Name of Authorized Transporter of O	RTER OF OIL AND NATURAL G	Address (Give address to which app	roved copy of this form is to be sent)	
$=$ $P \cap Rox 1510 = Mid$		and, Texas		
Name of Authorized Transporter of Casinghead Gas grant or Dry Gas Address (500				
Warren Petroleum Comp	pany	Lovington, New Mexic	When	
If well produces oil or liquids,	Unit Sec. Twp. Rge.  E 36 13-S 33-	1	September 6, 1966	
give location of tanks.			CTB-23	
If this production is commingled w	with that from any other lease or pool	i, give comminging order number.		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res	
Designate Type of Complet		To a local base of the second	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	1.13.1.13.	
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Pool	Name of Francisco			
Perforations			Depth Casing Shoe	
		ND CEMENTING RECORD DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	<u> </u>		
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	e after recovery of total volume of load depth or be for full 24 hours)	oil and must be equal to or exceed top all	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)	
Date First New Oil Full 10 1 dies				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		Water-Bbls.	Gas-MCF	
Actual Prod. During Test	Oil-Bhis.	Wdtet - Bbis.		
CAC WELL				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		- December	Choke Size	
resting Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Chore bile	
		OH CONSE	OIL CONSERVATION COMMISSION	
. CERTIFICATE OF COMPLIA	ANCE	11		
	de militare - Cata Oil Componenti	APPROVED	, 19	
	nd regulations of the Oil Conservation d with and that the information give	en		
above is true and complete to	the best of my knowledge and belie			
		TITLE		
()		This form is to be filed	in compliance with RULE 1104.	
1 hom Mil	last .	to the second second second	Mayable for a newly drilled or deepe	
Dan Gillett (S	Dignature)	well, this form must be account tests taken on the well in a	eccordance with RULE 111.	
Assistant District S	uperintendent	All postions of this form	n must be filled out completely for all	
W2212 COULD DEDOCTED	(Title)	able on new and recompleted wells.		