

**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-11
Effective 1-1-65

DISTRIBUTION	
ANTA FE	
ILE	
U.S.C.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR

Operator: **TEXACO Inc.**

Address: **P. O. Box 728, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of: Oil Dry Gas
 Recombination Castahead Gas Condensate
 Change in Ownership

Other (Please explain): **To change oil transporter from The Permian Corp. to Shell Pipeline Corp. 12-1-75**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name M.B. Weir 'B'	Well No. 7	Pool Name, including Formation Monument Tubb	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter M	660	Feet From The South	Line and 825	Feet From The West
Line of Section 12	Township 20-S	Range 37-E	N.M.P.M. 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"/> Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas 79701			
Name of Authorized Transporter of Castahead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6666, Odessa, Texas 79760			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 12	Twp. 20S	Range 37E
	Is gas actually connected? Yes		When November 1, 1965	

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-243**

IV. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	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	BACKS 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

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-Std.	Water-Std.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D			Gravity of Condensate
Testing Method (pivot, back pr.)	Tubing Pressure (psi) during	Casing Pressure (psi) during	Choke Size

VI. CERTIFICATE OF CORRECTNESS

I hereby certify that the information furnished on this form is true and correct to the best of my knowledge and belief, and that I am a duly qualified and authorized representative of the operator.

OIL CONSERVATION COMMISSION

APPROVED _____ 1975
BY *Jerry Suter*
TITLE _____

[Signature]
Assistant District Superintendent

December 16, 1975

This form is to be filed in duplicate with NMS 1104.
 If this is a request for allowables on newly drilled or deepened wells, this form must be accompanied by a certification of the deviation of the well from the well log to accordance with NMS 1104.
 All sections of this form must be filled out completely for all wells, including plugged and abandoned wells.
 Sections III, IV, V, VI, VII, VIII, and IX for changes of owner, lease, or other such change of condition must be filed for each pool located on the well.
 Separate forms must be filed for each pool located on the well.

RECEIVED

FEB 10 1975

WIL CONSERVATION COMM.
HOBBS, N. M.