NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104

Supersedes Old C-104 and C-110 Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED MAY 1 0 1966 PRORATION OFFICE Operator O. C. C. TEXACO Inc. \ RTEBIA, OFFICE Address P.O. Box 728, Hobbs, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: *Filed to show no casinghead gas Dry Gas Recompletion Oil connection. Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Square Lake '31' Unit 10 Square Lake Location 1875.97 ; 660 Feet From The South Line and Feet From The _ N Eddv County 16-S 30-E , NMPM, Line of Section 31 , Township Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate WIW Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas × Is gas actually connected? Rge. Unit Sec. Twp. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Oil Well Gas Well New Well Workover Deepen Plug Back Designate Type of Completion - (X) Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod. Tubing Depth Name of Producing Formation Top Oil/Gas Pay Pool Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET HOLE SIZE CASING & TUBING SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Choke Size Length of Test Tubing Pressure Casing Pressure Water-Bbls. Actual Prod. During Test Oil-Bbls. **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Choke Size Casing Pressure Testing Method (pitot, back pr.) Tubina Pressure OIL CONSERVATION COMMISSION 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.

(Signature) District Accountant (Title)

May 4, 1966

(Date)

APPROVED_ TITLE ME AND GAS INSPECTOR

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.

May 5, 1966

Texaco Inc. P. O. Box 728 Hobbs, New Mexico

Gentlemen:

We are returning the enclosed Form C-104 for correction. Our well well file for this lease shows the footage to be 660/S 1875.97/W, while your Form C-104 showed 660/S 1980/W. Please make the necessary corrections and return to us.

Very truly you s,

OIL CONSERVATION COMMISSION

M. L. Armstrong Supervisor, District No. II

MLA/bh Enc.

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