NO. OF COPIES REC	5				
DISTRIBUTION					
SANTA FE	7	_			
FILE		1/-			
U.S.G.S.	14-				
LAND OFFICE		-			
TRANSPORTER	OIL	1	_		
	GAS	IIT			
OPERATOR	/	_			
PRORATION OF		_			
Cretator		•			
Address			-		

## NEW MEXICO OIL CONSERVATI

10

	SANTA FE		T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65		
	U.S.G.S.	ALITHODIZATION TO T	AND			
	LAND OFFICE  TRANSPORTER OIL /		RANSPORT OIL AND NATURAL	RECEIVED		
1	OPERATOR / PRORATION OFFICE			AUG 3 0 1996		
	Creator	TEXACO Inc.		ង់ង រដ្ឋមាស ស្នកពេ <b>ក្</b> តា		
	Aldreas	P. O. Box 728 -	Hobbs, New Mexi∞			
	Reason(s) for filing (Check proper box)  Other (Please explain)					
	Recompletion	Change in Transporter of:  Oil Dry  Casinghead Gas Cond		casinghead gas connection.		
	If change of ownership give name and address of previous owner					
11.	. DESCRIPTION OF WELL AN	D LEASE				
	Souare Lake "31" Uni	·	Name, Including Formation	Kind of Lease		
	Location Lake "J1" ()III	t 3 S	ouare Lake	State, <u>Federal</u> or Fee		
	Unit Letter 6 ; 198	BO Foot From The East L	Ine and 1980 Feet From	The North		
	Line of Section 31	Cownship 16-S Range	30-E , NMPM,	Eddy County		
III.	DESIGNATION OF TRANSPO  Name of Authorized Transporter of C	RTER OF OIL AND NATURAL G	AS			
	Texas-New Mexico Pir	e Line Company	P. O. Box 1510 - Midl	oved copy of this form is to be sent)		
	Name of Authorized Transporter of C	Casinghead Gas 🗶 or Dry Gas	Address (Give address to which approved copy of this form is to be sent)			
,	*Skelly Oil Company	11-4	P. O. Box 1135 - Euni	ce, New Mexico		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. L 31 16-S 30-E	Is gas actually connected? WI	July 1, 1966		
IV.	If this production is commingled vector of the completion of the completion of the complete vector of the complete	with that from any other lease or pool	, give commingling order number:			
	Designate Type of Complet	ion - (X)	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.		
	Pool	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		
<b>v</b> .	TEST DATA AND REQUEST I	FOR ALLOWARIE (Taxanana)				
ſ	OIL WELL  Date First New Oil Run To Tanks	7	open or de jor juit 24 nours;	and must be equal to or exceed top allow-		
	on Hun to Tunks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF		
`-	CAC NET					
Γ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Complexed Co.		
	resting Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Gravity of Condensate		
	CERTIFICATE OF COLUMN		County Flessure	Choke Size		
V 1. V	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION		
I	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.		BY C. a. Sressett			
, a						
			TITLE OIL AND GAS INSPECTOR			
	Children to		This form is to be filed in compliance with RULE 1104.			
-	E. H. Scott (Sign	ature)	If this is a request for allowable for a newly drilled or deepened			
1	District Accountant		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
į	August 24, 1966	ele)	able on new and recompleted well			
	(Da	ue)	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