		∃ %	**	
	DISTRIBUTION  SANTA FE	i	ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11
	U.S.G.S.		AND ANSPORT OIL AND NATURAL G	Effective 1-1-65
	TRANSPORTER OIL / GAS /			AUG 1 8 1965
1	PRORATION OFFICE	-		And the same of th
4.	Operator	TEXACO Inc.	·	
	P. O. Box 728 - Hobbs, New Mexico			
	Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership	Change in Transporter of:  Oil Dry Ga  Casinghead Gas Conder	Pressure Gas Tra	Union Gas Co., as high nsporter, and Skelly Oil sure Gas Transporter.
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND	Well No. Pool Na	me, including Formation	Kind of Lease , * State
	State of New Mexico	o "CN" State 1 I	oco Hills Morrow Gas	State, Federal or Fee
	Unit Letter F; 198	BO Feet From The West Lin	e and 1980 Feet From T	heNorth
	Line of Section 16 , To	wnship 17-S Range	30-E , <sub>NMPM</sub> ,	Eddy County
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)			
	The Permian Corporation 1509		1509 West Wall Ave M	idland, Texas
	Southern Union Gas Company (High Pressure) Burt Building - Dallas 1, Texas Skelly Oil Company (Low Pressure) P. O. Box 1135 - Funice, New Mexico		l, Texas , New Mexico	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rige. F 16 17-S 30-E		August 26, 1964
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
	Designate Type of Completi	on - (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			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
v	TEST DATA AND REQUEST F	OR ALLOWARIE (Test must be a	fter recovery of total volume of load oil a	and must be equal to or exceed top allow
٧.	OIL WELL able 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.)			
		Tubing Pressure	Casing Pressure	Choke Size
	Length of Test			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			APPROVED AUG 2 0 1965 , 19	
	above is true and complete to the best of my knowledge and belief.		TITLE This form is to be filed in compliance with RULE 1104.	
	911	_		
	E. H. Scott (Sign	ature)	This form is to be filed in c	ompliance with RULE 1104. able for a newly drilled or deepened ied by a tabulation of the deviation

District Accountant

August 17, 1965

(Title)

(Date)

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.