	DISTRIBUTION S		CONSERVATION COMESSION FOR ALLOWABL AND	Form C 10; Supersedes Old C-104 and C-1 Elfective 1-1-65
	AND OFFICE IRANSPORTER GAS	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	
1.	OPERATOR			OCT 1 6 1973
	Operator TEXACO Inc.			O. C. C.
	P. O. Box 728, Ho			BRIESIA, UEFILE
	Recson(s) for filing (Check proper be New Well Recompletion Change in Ownership X If change of ownership give name	Change in Transporter of: OII Dry G Casinchead Gas Conde	Elliott Federal North Benson Que Effective 10-1-	en Unit, Well No. 28
II.	DESCRIPTION OF WELL AND		n Corp., 1002 Wilco Bldg	, Midland, Texas 79701
	Lease Name North Benson Queen Uni	Well No. Pool Name, Including	Formation Kind of Leas Queen Grayburg State, Feder	Lease Mo.
	Location		ne and 1920 Feet From	The East
		wmship 18-S Honge 30		County
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
	Name of Authorized Transporter of CII X or Condensate The Permian Corporation Name of Authorized Transporter of Casinghead Gas c: Dry Gas		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent)	
	Not Connected	- Committee of the Comm		
	If well produces oil or liquids, que location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When the location of tanks. O 29 18-S 30-E No			
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA			
	Designate Type of Completi	on - (X) Oil Well Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	Plug Back Same Resty. Diff. Resty.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Fraducing 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
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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	Caeing Pressure	Choke Size
	Actual Prod. During Teet	O:1 - Bbls.	Weter-Ebis.	Gas-MCF
	•			
,	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Ebis. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. CERTIFICATE OF COMPLIANCE		CE	il	TION COMMISSION
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED 0CT 1 9 1973	
shove is true and complete to the		best of my knowledge and belief.	EY W. C. ST	rissett
			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 only Sections I, II, III, and VI 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	
-	(Feyname)			
-	0 CT 1 5 1973			
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