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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

NOV - 9 1973

I. Operator **TEXACO INC.** ✓
Address **P. O. Box 728, Hobbs, New Mexico 88240**
Reason(s) for filing (Check proper box)
New Well ☐ *Designate*
Re-completion ☐ Change in Transporter of:
Change in Ownership ☐ Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☒

II. DESCRIPTION OF WELL AND LEASE

Lease Name **E.J. Levers Fed. NCT-1** Well No. **1** *Cateclaw Draw*
Morrow Gas Kind of Lease **NM-0454228**
Location **N 660 South 1980 West**
Line of Section **12** Township **21-S** Range **25-E**, NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)
P.O.Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Southern Union Gas Company Address (Give address to which approved copy of this form is to be sent)
Fidelity Union Tower, Dallas, Texas
If well produces oil or liquids, give location of tanks. Unit **N** Sec. **12** Twp. **21-S** Rge. **25-E** Is gas actually connected? **Yes** When **9-20-73**

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

IV. COMPLETION DATA

Designate Type of Completion - (X)
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	SACKS 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 - Bbls.	Water - Bbls.	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 (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Assistant District Superintendent

11-9-73

(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 9 1973**, 19
BY **D. A. Gussert**
TITLE **OIL 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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.