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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

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

Form C-104
Superseding Old C-104 and C-105
Effective 1-1-65

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NOV 27 1978

O. C. C.
ARTESIA, OFFICE

Texaco Inc.

Address
P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Gashead Gas ☐ Condensate ☐
Other (Please explain)
To Show second gas transporter

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name: White City Com Well No.: 1 Pool Name, including Formation: White City Penn Gas Kind of Lease: State, Federal or Fee: NM License No.: 0539977A
Location
Unit Letter: F Feet From The North Line and 1650 Feet From The West
Line of Section: 33 Township: 24-S Range: 26-E NMPL Eddy

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Gashead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Co, P. O. Box 2521, Houston, Texas 77001
El Paso Natural Gas Co, P. O. Box 1384, Jal, New Mexico 88252
If well produces oil or liquids, give location of tanks. Unit: Sec: Twp: Rge: Is gas actually connected? Yes Date: 11-20-78 EPG 12-4-78

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

COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Some Res't. Part. R.
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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lost 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 (flow, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

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
11-20-78

OIL CONSERVATION COMMISSION

APPROVED DEC 12 1978
BY J. A. Gussit
TITLE SUPERVISOR, DISTRICT II

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 pressure tests taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for change of name, well name or number, or transporter, or other such change of identification.