	/	AUTHORIZ	RE	QUEST	FOR ALLC			Lilectiv	les Old C	-104 and C-11		
OPERAT	ORTER GAS											
Sperator	TEXACO Inc.											
Address		728 - H	3 - Hobbs, New Mexico									
Reason(s) f New Well Recompleti Change in C	<u> </u>) Change in Tra Oil Casinghead Go	nsporter of		s	ther (Please o						
	f ownership give name s of previous owner						<u> </u>					
II. <u>DESCRIP</u>	TION OF WELL AND	LEASE	Well No.	Pool Na:	ne, including	Formation		Kind of Lease				
Cott	on Draw Unit		65	Unae	ne, including V <u>IIICAI</u> SIEMATES	Morrow		<u>State</u> , Federal o	: Fee			
Location Unit Let	G . 198	0 Feet From Th	_e North	l _{Lin}	e and 198	0	Feet From T	he East				
		25 S			 1-E	, NMPM,	-	Eddy		County		
Line of .	čection 4 , To	wnship 29-3		ange -		, teori or,						
II. DESIGNA	TION OF TRANSPOR thorized Transporter of OL	TER OF OIL AN	D NATU	RAL GA	Address (G			ed copy of this fo		be sent)		
Famar	Famariss Cil & Refining				P. O. Box 980 - Hobbs, New Mexico Address (Give address to which approved copy of this form is to be sent) P. O. Box 1384 - Jal, New Mexico Hobbs, N. M.							
<u>* Llanc</u>	athorized Transporter of Ca So Natural Gas (Inc. Gas Compar	singhead Gas [_] Ompany [y Unit Sec.	or Dry Gas	s 🗶	Fourt	Box 138 <u>h Floor</u> illy connected	- Broaum	<u>oor sig.</u>	o <u>- Hobb</u>	<u>os, N. M.</u>		
give locati	iuces c1 or liquids, on of tanks.	G 2	25 - S	31 - E	YES			June 3	<u> </u>			
If this prod IV. COMPLE	uction is commingled wi	th that from any ot	her lease	or pool,	give commin	ngling order	number: <u>50%</u>					
Design	nate Type of Completi			as Well GAS	New Well NEW	Workover NEW	Deepen NEA	1	me Res'v NEW 	NEW		
Date Spuda	ed 3, 1966	Date Compl. Ready to June 3		7	Total Depth 19,546				15,050'			
Pool Undesi		Name of Producing Morrow	Name of Producing Formation		(GAS) 14,787'		'87'	Tubing Depth 14,7001				
Destantion		_1		f	14,787	" to 14,	,7951,	Depth Casing S				
	Perforate 8 5/8" Liner v								16,2501 14,8631 to 14,8671			
<u>14,846</u>	51 to 14,8531		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT				
26"		20 ⁿ				500 :			<u>300 S:</u>			
17 1	/20	13 3/8"				3651			<u>300_S:</u> 1:50_S:			
	///2#	<u>10 3/1."</u> 8 5/8"	<u> </u>			12570' 16250'			4290 SX.			
	TA AND REQUEST F		E (Test	must be a	íter recovery	of total volum	ne of load oil d	and must be equal	to or exc	eed top allou		
OIL WEL		Date of Test	able_	for this de		full 24 hours) Method (Flow,	pump, gas lif	t, etc.)				
Length of	Test	Tubing Pressure			Casing Pre	ssure		Choke Size				
Actual Pro	d. During Test	Oil-Bbls.			Water + Bbls			Gas-MCF				
۱ <u></u>												
GAS WEI Actual Pro	vá. Test-MOF/D	Length of Test 3 Hol	 1rs		Bbls. Cond	ensate/MMCF NCNE		Gravity of Cond NC	ensate			
	ethod (pitot, back pr.)	Tubing Pressure			Casing Pressure		Choke 3:20 12/01-0					
L	Lack Pressure 4168						ONSERVA	TION COMM		<u> </u>		
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.					APPROVED, 19 BYW, a. pressect							
(-							TITLE OIL AND GIS INSPECTOR					
1	411.11-						This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly unlied or deepene					

If this is a request for allowable for a newly unlied or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 100.

All sections of this form must be filled out completely for allow-able on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of cwner, 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.

June 14, 196?

Dan Gillett Assistant District (Title)

_ (Date)

Supt.

(Signature)