## NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMM Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 SANTA FE REQUEST FOR ALLOWABLE FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL SASE CEIVED U.S.G.S. LAND OFFICE TRANSPORTER JUL 12 1967 GAS OPERATOR <u>0. Ç. C.</u> PRORATION OFFICE ARTESIA, OFFICE Operator TEXACO Inc. Address P. O. Box 728 - Hobbs, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) \*\*Filed to show change in Dry Gas Change in Transporter of: Transporter from Llano Gas Company to: Recompletion Oil Dry Gas TEXACO Inc. Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation 10 Underlighted Morrow 13319 State, Federal or Fee Cotton Draw Unit Location 1980 Feet From The North Line and 1980 East Feet From The 25**-**S 31**-E** Eddy , NMPM Line of Section Township Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) P. O. Box 980 - Hobbs, New Mexico Name of Authorized Transporter of Oil or Cor \*Famariss Oil & Refining Company Address (Give address to which approved copy of this form is to be sent) P. O. Box 1384 - Jal, New Mexico Name of Authorized Transporter of Casinghead Gas = \*El Paso Natural Gas Company or Dry Gas 🗶 P 0 Box 728 - Hobbs New Mexico \*\*TEXACO Inc. Unit If well produces oil or liquids, June 3, 1967 YES give location of tanks If this production is commingled with that from any other lease or pool, give commingling order number: \*50% each on split connection IV. COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. Gas Well New Well Workover Oil Well Deepen Designate Type of Completion - (X) Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod. Tubing Depth Top Oil/Gas Pay Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Casing Pressure Choke Size Length of Test Tubing Pressure Gas - MCF Water • Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

OIL CONSERVATION COMMISSION

1367 APPROVED

Choke Size

County

55 ETD 25 TITLE \_\_

Casing Pressure

i esting Method (pitot, back pr.)

E. H. Scott

July 11, 1967

District Accountant

VI. CERTIFICATE OF COMPLIANCE

Tubing Pressure

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.

(Signature)

(Title)

(Date)

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 Sections I, II, III, and VI only for changes of owner, vell 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.