NO. OF COPIES REC	15	
DISTRIBUTE		
SANTA FE	/	
FILE	1-	
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	7
INANSFORTER	GAS	1
OPERATOR		
PRORATION OF	ICE	
Operator	7	

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

FILE	<u> </u>		AND	Effective 1-1-65	
U.S.G.S.	<u> </u>	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (	SAS RECEIVED	
LAND OFFICE	<del>  ,  </del>	· ·		I A E C	
TRANSPORTER GAS	7		·	JUL 1 2 1967	
OPERATOR		]		130/	
. PRORATION OFFICE	1	<u> </u>			
Operator ;		TEXACO Inc.		ARTESIA, OFFICE	
Address		TEXACO INC.			
		P. O. Box 728 -	- Hobbs, New Mexico		
Reason(s) for filing (Check	proper box	<del>,</del>	Other (Please explain)		
New Well		Change in Transporter of:		change in Dry Gas	
Recompletion		Oil Dry Ga		om Llano Gas Company to:	
Change in Ownership		Casinghead Gas Conden	nsate TEXACO Inc.		
If change of ownership giv		<u> </u>			
II. DESCRIPTION OF WEL	L AND	LEASE Well No. Pool No.	medinaluging Formation	Kind of Lease	
Cotton Draw U	init.	65 Unde	Signated Wolfcamp	State, Federal or Fee	
Location		7 07 03.00	, o a b a a a a a a a a a a a a a a a a a		
Unit Letter G	, 1980	Feet From The North Line	ne and 1980 Feet From	The East	
Line of Section 2	, Tow	vnship 25-S Range 3	31-E , NMPM,	Eddy County	
II DESIGNATION OF TRA	NSPORT	TER OF OIL AND NATURAL GA	ıs		
Name of Authorized Transpo	rter of Oil	or Condensate	Address (Give address to which approx		
Famariss Oil & F			P. O. Box 980 - Hobbs,	New Mexico	
Name of Authorized Transpo	rter of Cas	singhead Gas 🗀 or Dry Gas 🛣	P. O. Box 1384 - Jal, 1	ved copy of this form is to be sent) New Mexico	
**TEXACO Inc.		<u> </u>	P O Box 728 - Hobbs	New Mexico	
If well produces oil or liquid		Unit Sec. Twp. Rge.  G 2 25-S 31-E	YES	June 3, 1%7	
** * * * * * * * * * * * * * * * * * * *		1 · · · · · · · · · · · · · · · · · · ·			
If this production is commi	ingled wit	th that from any other lease or pool,	give commingling order number:	Ox each on spire connect	
V. COMPLETION DATA		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Rest	
Designate Type of C	ompletio	on - (X)		1 1	
Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			Top Oil/Gas Pay	Tubing Depth	
Pool		Name of Producing Formation	Top Oil/Gds Fdy	Tubing bepin	
Perforations		<u> </u>		Depth Casing Shoe	
		TUBING, CASING, AND	D CEMENTING RECORD		
HOLE SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
				-	
		OD ALLOWARD E. C.	ifter recovery of total volume of load oil	and must be equal to or exceed top allo	
V. TEST DATA AND REQ OIL WELL	UEST FO	DR ALLOWABLE (lest must be a) able for this de	epth or be for full 24 hours)		
Date First New Oil Run To	Tanks	Date of Test	Producing Method (Flow, pump, gas li	(t, etc.)	
Length of Test		Tubing Pressure	Casing Pressure	Choke Size	
			Water - Bbls.	Gas-MCF	
Actual Prod. During Test		Oil-Bbls.	Witter - Barton		
l				· · · · · · · · · · · · · · · · · · ·	
GAS WELL					
Actual Prod. Test-MCF/D		Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
			<u> </u>	100	
Testing Method (pitot, back	: pr.)	Tubing Pressure	Casing Pressure	Choke Size	
		OF.	OIL CONSERVA	TION COMMISSION	
I. 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.		OIL CONSERVATION COMMISSION			
		APPROVED, 19			
		11 a hanset			
		BY W. a. Bressett			
•			TITLEOIL AND GAS INSPE	ECTOR	
1,18	EARCON		This form is to be filed in	This form is to be filed in compliance with RULE 1104.	
TATO			If this is a request for allow		
R. H. Scott	(Sign	nature)		nied by a tabulation of the deviation	
District Accountant		tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow			

(Title)

(Date)

July 11, 1967

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, 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.