

DISTRIBUTION	
STATE FILE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Form C-104
 Supersedes Old C-104 and C-100
 Effective 1-1-65

OCT 16 1973

O.C.C.
ARTESIA, OFFICE

Operator
TEXACO Inc. ✓

Address
P. O. Box 728, Hobbs, NM 88240

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
To change lease name & well no. from Jones Federal, Well No. 1 to North Benson Queen Unit, Well No. 37, effective 10-1-73.

If change of ownership give name and address of previous owner **Reading & Bates Oil & Gas Co., Philtower Bldg., Tulsa, Oklahoma 74103**

I. DESCRIPTION OF WELL AND LEASE

Lease Name North Benson Queen Unit	Well No. 37	Pool Name, including Formation North Benson Queen Grabburg	Kind of Lease State, Federal or Fee	Lease No. LC-058650
Location Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East				
Line of Section 34 Township 18-S Range 30-E , NMPM, Eddy County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS-NEW MEXICO Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 6666, Odessa, TX 79760			
If well produces oil or liquids, give location of tanks. Unit B Sec. 34 Twp. 18-S Rge. 30-E	Is gas actually connected? Yes	When Est. 1961		

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

VI. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.R.T.D.		
Elevations (DF, RKB, RT, CR, 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		

VII. 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 (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

III. 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.

(Signature)
ASST. DIST. SUPT.
 (Title)
OCT 15 1973
 (Date)

OIL CONSERVATION COMMISSION
OCT 19 1973
 APPROVED _____, 19____
 BY **W. A. Gressett**
 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.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.