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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-110  
 Effective 1-1-65  
**HOBBS OFFICE O. C. C.**  
**JAN 3 3 22 PM '66**

**I. OPERATOR**

Operator: **TEXACO Inc.**

Address: **P. O. Box 728 - Hobbs, New Mexico**

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

Other (Please explain): **\*This form filed to show change in Transporter from Shell Pipe Line to The Permian Corporation, and show as oil well.**

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE** *Meest Comp. also Skaggs Mar*

Lease Name <b>C. H. Weir "A"</b>	Well No. <b>9</b>	Pool Name, Including Formation <b>East, Weir (Blinebry)</b>	Kind of Lease State, Federal or <u>Fee</u>
Location Unit Letter <b>K</b> , <b>1980</b> Feet From The <b>South</b> Line and <b>2310</b> Feet From The <b>West</b> Line of Section <b>12</b> , Township <b>20-S</b> Range <b>37-E</b> , NMPM, <b>Lea</b> County			

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>*The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>1509 West Wall Ave. - Midland, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 6666 - Odessa, Texas</b>
If well produces oil or liquids, give location of tanks. Unit <b>K</b> Sec. <b>12</b> Twp. <b>20-S</b> Rge. <b>37-E</b>	Is gas actually connected? <b>YES</b> When <b>November 1, 1965</b>

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well YES	Gas Well NO	New Well NEW	Workover NEW	Deepen NEW	Plug Back NEW	Same Res'v. NEW	Diff. Res'v. NEW
Date Spudded <b>June 29, 1962</b>	Date Compl. Ready to Prod. <b>November 1, 1965</b>	Total Depth <b>7840'</b>	P.B.T.D. <b>6884'</b>					
Pool <b>East, Weir Blinebry Gas</b>	Name of Producing Formation <b>Blinebry</b>	Top Oil/XXs Pay <b>5781'</b>	Tubing Depth <b>6915'</b>					
Perforations <b>Perf. 2-7/8" Casing 1 JSPF 5781', 5808', 5828', 5880', 5891', 5899', &amp; 5915'.</b>		Depth Casing Shoe <b>6915'</b>						
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
<b>12-1/4"</b>	<b>9-5/8"</b>	<b>1404'</b>			<b>600 Sx.</b>			
<b>8-3/4"</b>	<b>2-7/8"</b>	<b>6915'</b>			<b>1813 Sx.</b>			

**V. 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 <b>November 1, 1965</b>	Date of Test <b>November 1, 1965</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24 Hours</b>	Tubing Pressure <b>450</b>	Casing Pressure <b>-</b>	Choke Size <b>16/64"</b>
Actual Prod. During Test <b>10</b>	Oil - Bbls. <b>10</b>	Water - Bbls. <b>None</b>	Gas - MCF <b>1250</b>

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

**VI. 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.

*Dan Gillett*  
 Dan Gillett (Signature)  
 Assistant District Superintendent (Title)  
 January 1, 1966 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED **JAN 7 1966**, 19\_\_\_\_

BY *Carl L. James*  
 TITLE **SUPERVISOR DISTRICT**

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, 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.