NO. OF COPIES RECEIVED	]				
DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSI	Un	Form C+104	
SANTA FE		OR ALLOWABLE		Supersedes Old	C-104 and C-
FILE	- KEGOEST I	AND		Effective 1-1-65	•
	AUTHORIZATION TO TRAI		TURAL GAS	S	
u.s.g.s.	_ AUTHORIZATION TO TRAI	ASLOK! OIL VIA	I ORAL DA	•	
LAND OFFICE	$\dashv$				
TRANSPORTER GAS	-				
OPERATOR					
PRORATION OFFICE					
Operator					
Texaco Inc.  Address Drawer 728					
Hobbs, N. M.	88240				
Reason(s) for filing (Check proper bo		Other (Please ex	plain)		
1ew Well	Change in Transporter of:				•
Recompletion	Oil Dry Gar	s 🔛 *To Change	. Well Nu	ımber from 2123	to: 26
Change in Ownership	Casinghead Gas Conden	sate			
change of ownership give name					
nd address of previous owner					
•					
DESCRIPTION OF WELL AND	LEASE	· · · · · · · · · · · · · · · · · · ·	<del></del>	Kind of Lease	
Lease Name	Well No. Pool Nor	me, including Formation			
Northeast Caprock (Que	een) Unit   *26   Capr	rock Queen		State, Federal or Fee	
Location					
13-14 Letter C . 16	550 Feet From The West Lin	e and 330	Feet From Th	ne North	
Onit Letter					
Line of Spotton 23	ownship 12S Range	32E , NMPM,		Lea	Count
Line of Section 23 , T	ownship 12S Hange			Lea	Count
		32Е , ммрм,		Lea	Count
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	32E , NMPM,	which approve		County
DESIGNATION OF TRANSPORMED OF Authorized Transporter of C	RTER OF OIL AND NATURAL GA	32E , NMPM,  S  Address (Give address to u		d copy of this form is to	
DESIGNATION OF TRANSPORMENT OF COMMERCE OF Authorized Transporter of Commerce Of the Permian Corporation	RTER OF OIL AND NATURAL GA	32E , NMPM,  S  Address (Give address to u  F.O. Box 4157 -	Midland,	ed copy of this form is to	be sent)
DESIGNATION OF TRANSPORMED OF Authorized Transporter of C	RTER OF OIL AND NATURAL GA	32E , NMPM,  S  Address (Give address to u	Midland,	ed copy of this form is to	be sent)
DESIGNATION OF TRANSPORMENT OF COMMERCE OF Authorized Transporter of Commerce Of the Permian Corporation	RTER OF OIL AND NATURAL GA	Address (Give address to u  F.O. Box 4157 —  Address (Give address to u	Midland,	ed copy of this form is to Texas ed copy of this form is to	be sent)
DESIGNATION OF TRANSPORMENT OF Authorized Transporter of Control The Permian Corporation Name of Authorized Transporter of Control	RTER OF OIL AND NATURAL GA	32E , NMPM,  S  Address (Give address to u  F.O. Box 4157 -	Midland,	ed copy of this form is to Texas ed copy of this form is to	be sent)
DESIGNATION OF TRANSPORMENT OF Authorized Transporter of Control Tra	RTER OF OIL AND NATURAL GA	Address (Give address to u  F.O. Box 4157 —  Address (Give address to u	Midland,	ed copy of this form is to Texas ed copy of this form is to	be sent)
DESIGNATION OF TRANSPORMENT OF Authorized Transporter of Control Tra	RTER OF OIL AND NATURAL GA	32E , NMPM,  Address (Give address to u  F.O. Box 4157 -  Address (Give address to u  Is gas actually connected?  No	Midland,	ed copy of this form is to Texas ed copy of this form is to	be sent)
DESIGNATION OF TRANSPORMED OF Authorized Transporter of Corporation The Permian Corporation Name of Authorized Transporter of Corporation None  If well produces oil or liquids, give location of tanks.  If this production is commingled to the commingle of the co	RTER OF OIL AND NATURAL GA	32E , NMPM,  Address (Give address to u  F.O. Box 4157 -  Address (Give address to u  Is gas actually connected?  No	Midland,	ed copy of this form is to Texas ed copy of this form is to	be sent)
DESIGNATION OF TRANSPORMENT OF Authorized Transporter of Control Tra	RTER OF OIL AND NATURAL GA  or Condensate   on Casinghead Gas or Dry Gas   Unit   Sec.   Twp.   Rge.     C   23   12S   32E     with that from any other lease or pool,	32E , NMPM,  Address (Give address to u F.O. Box 4157 - Address (Give address to u Is gas actually connected? No give commingling order m	Midland, which approve When	d copy of this form is to Texas d copy of this form is to	be sent)
DESIGNATION OF TRANSPORMENT OF Authorized Transporter of Corporation of Authorized Transporter of Consultation of Authorized Transporter of Consultation of Co	RTER OF OIL AND NATURAL GA OIL OF Condensate  OT Casinghead Gas or Dry Gas  Unit   Sec.   Twp.   Rge.     C   23   12S   32E     with that from any other lease or pool,	32E , NMPM,  Address (Give address to u F.O. Box 4157 - Address (Give address to u Is gas actually connected? No give commingling order m	Midland, which approve When	d copy of this form is to Texas d copy of this form is to	be sent)
DESIGNATION OF TRANSPORMED OF Authorized Transporter of Corporation The Permian Corporation Name of Authorized Transporter of Corporation None  If well produces oil or liquids, give location of tanks.  If this production is commingled to the commingle of the co	RTER OF OIL AND NATURAL GA	32E , NMPM,  Address (Give address to a F.O. Box 4157 —  Address (Give address to a ddress (Give address to a ddress to a ddress to a ddress to a ddress (Give address to a ddress (Give address to a ddress (Give address (Give address to a ddress (Give address (Give address to a ddress (Give address to a ddress (Give address (Give address (Give address to a ddress (Give address (	Midland, which approve When	Texas d copy of this form is to g Texas d copy of this form is to	be sent)
DESIGNATION OF TRANSPORMENT OF Authorized Transporter of Corporation of Authorized Transporter of Consultation of Authorized Transporter of Consultation of Co	RTER OF OIL AND NATURAL GA OIL OF Condensate  OT Casinghead Gas or Dry Gas  Unit   Sec.   Twp.   Rge.     C   23   12S   32E     with that from any other lease or pool,	32E , NMPM,  Address (Give address to u F.O. Box 4157 - Address (Give address to u Is gas actually connected? No give commingling order m	Midland, which approve When	d copy of this form is to Texas d copy of this form is to	be sent)
DESIGNATION OF TRANSPORMENT OF Authorized Transporter of Corporation The Permian Corporation Name of Authorized Transporter of Connection DATA  Designate Type of Comple	RTER OF OIL AND NATURAL GA	32E , NMPM,  Address (Give address to a F.O. Box 4157 —  Address (Give address to a ddress (Give address to a ddress to a ddress to a ddress to a ddress (Give address to a ddress (Give address to a ddress (Give address (Give address to a ddress (Give address (Give address to a ddress (Give address to a ddress (Give address (Give address (Give address to a ddress (Give address (	Midland, which approve When	Plug Back   Same Res	be sent)
DESIGNATION OF TRANSPORMENT OF Authorized Transporter of Corporation The Permian Corporation Name of Authorized Transporter of Connectified Produces of Corporation of University of Connectified Production of Computer Of Computer Of Computer Type of Complements of Computer Type of Complements of Computer Computer Type of Complements of Computer Type of Compu	RTER OF OIL AND NATURAL GA	32E , NMPM,  Address (Give address to a F.O. Box 4157 —  Address (Give address to a ddress (Give address to a ddress to a ddress to a ddress to a ddress (Give address to a ddress (Give address to a ddress (Give address (Give address to a ddress (Give address (Give address to a ddress (Give address to a ddress (Give address (Give address (Give address to a ddress (Give address (	Midland, which approve When	Texas d copy of this form is to g Texas d copy of this form is to	be sent)
DESIGNATION OF TRANSPORMENT OF Authorized Transporter of Corporation The Permian Corporation Name of Authorized Transporter of Connection DATA  Designate Type of Comple	RTER OF OIL AND NATURAL GA OIL OF Condensate  ON Casinghead Gas or Dry Gas Unit   Sec.   Twp.   Rge.     C   23   12S   32E     with that from any other lease or pool,     tion - (X)	32E , NMPM,  S  Address (Give address to u F.O. Box 4157 — Address (Give address to u Is gas actually connected? No give commingling order m New Well Workover Total Depth	Midland, which approve When	Plug Back   Same Res	be sent)
DESIGNATION OF TRANSPORMENT OF Authorized Transporter of Corporation The Permian Corporation Name of Authorized Transporter of Connection DATA  Designate Type of Complete Date Spudded	RTER OF OIL AND NATURAL GA OIL OF Condensate  ON Casinghead Gas or Dry Gas Unit   Sec.   Twp.   Rge.     C   23   12S   32E     with that from any other lease or pool,     tion - (X)	32E , NMPM,  S  Address (Give address to u F.O. Box 4157 — Address (Give address to u Is gas actually connected? No give commingling order m New Well Workover Total Depth	Midland, which approve When	Plug Back   Same Res	be sent)
DESIGNATION OF TRANSPORMENT OF Authorized Transporter of Corporation The Permian Corporation Name of Authorized Transporter of Connectified Produces of Corporation of University of Connectified Production of Computer Of Computer Of Computer Type of Complements of Computer Type of Complements of Computer Computer Type of Complements of Computer Type of Compu	RTER OF OIL AND NATURAL GA OIL OF Condensate  ON Casinghead Gas or Dry Gas Unit   Sec.   Twp.   Rge.     C   23   12S   32E     with that from any other lease or pool,     tion - (X)	32E , NMPM,  S  Address (Give address to u F.O. Box 4157 — Address (Give address to u Is gas actually connected? No give commingling order m New Well Workover Total Depth	Midland, which approve When	Plug Back   Same Res	be sent)
DESIGNATION OF TRANSPORMENT OF Authorized Transporter of Corporation The Permian Corporation Name of Authorized Transporter of Connection DATA  Designate Type of Complete Date Spudded	RTER OF OIL AND NATURAL GADIL X or Condensate CONCASINGHEAD ON Casinghead Gas Or Dry Gas CONCASINGHEAD OF CONTAGE OF CONT	Address (Give address to a F.O. Box 4157 — Address (Give address to a No give commingling order many with the commingling orde	Midland which approve	Plug Back   Same Res	be sent)
DESIGNATION OF TRANSPORMENT OF Authorized Transporter of Corporation The Permian Corporation Name of Authorized Transporter of Connection DATA  Designate Type of Complete Date Spudded	RTER OF OIL AND NATURAL GA OIL  or Condensate  or Dry Gas  or Dry Gas   Unit	Address (Give address to a F.O. Box 4157 - Address (Give address to a Is gas actually connected?  No give commingling order makes Workover  Total Depth  Top Oil/Gas Pay	Midland, which approve When umber:	Plug Back   Same Res P.B.T.D.  Tubing Depth  Depth Casing Shoe	be sent)  be sent)
DESIGNATION OF TRANSPORMENT OF Authorized Transporter of Corporation The Permian Corporation Name of Authorized Transporter of Connection DATA  Designate Type of Complete Date Spudded	RTER OF OIL AND NATURAL GADIL X or Condensate CONCASINGHEAD ON Casinghead Gas Or Dry Gas CONCASINGHEAD OF CONTAGE OF CONT	Address (Give address to a F.O. Box 4157 — Address (Give address to a No give commingling order many with the commingling orde	Midland, which approve When umber:	Plug Back   Same Res	be sent)  be sent)
DESIGNATION OF TRANSPORMENT OF Authorized Transporter of Corporation Corporation of Authorized Transporter of Connection of Authorized Transporter of Connection of tanks.  If well produces oil or liquids, give location of tanks.  If this production is commingled to COMPLETION DATA  Designate Type of Complement Date Spudded  Pool  Perforations	RTER OF OIL AND NATURAL GA OIL  or Condensate  or Dry Gas  or Dry Gas   Unit	Address (Give address to a F.O. Box 4157 - Address (Give address to a Is gas actually connected?  No give commingling order makes Workover  Total Depth  Top Oil/Gas Pay	Midland, which approve When umber:	Plug Back   Same Res P.B.T.D.  Tubing Depth  Depth Casing Shoe	be sent)  be sent)
DESIGNATION OF TRANSPORMENT OF Authorized Transporter of Corporation Corporation of Authorized Transporter of Connection of Authorized Transporter of Connection of tanks.  If well produces oil or liquids, give location of tanks.  If this production is commingled to COMPLETION DATA  Designate Type of Complement Date Spudded  Pool  Perforations	RTER OF OIL AND NATURAL GA OIL  or Condensate  or Dry Gas  or Dry Gas   Unit	Address (Give address to a F.O. Box 4157 - Address (Give address to a Is gas actually connected?  No give commingling order makes Workover  Total Depth  Top Oil/Gas Pay	Midland, which approve When umber:	Plug Back   Same Res P.B.T.D.  Tubing Depth  Depth Casing Shoe	be sent)  be sent)
DESIGNATION OF TRANSPORMENT OF Authorized Transporter of Corporation Corporation of Authorized Transporter of Connection of Authorized Transporter of Connection of tanks.  If well produces oil or liquids, give location of tanks.  If this production is commingled to COMPLETION DATA  Designate Type of Complement Date Spudded  Pool  Perforations	RTER OF OIL AND NATURAL GA OIL  or Condensate  or Dry Gas  or Dry Gas   Unit	Address (Give address to a F.O. Box 4157 - Address (Give address to a Is gas actually connected?  No give commingling order makes Workover  Total Depth  Top Oil/Gas Pay	Midland, which approve When umber:	Plug Back   Same Res P.B.T.D.  Tubing Depth  Depth Casing Shoe	be sent)  be sent)
DESIGNATION OF TRANSPORMENT OF Authorized Transporter of Corporation Corporation of Authorized Transporter of Connection of Authorized Transporter of Connection of tanks.  If well produces oil or liquids, give location of tanks.  If this production is commingled to COMPLETION DATA  Designate Type of Complement Date Spudded  Pool  Perforations	RTER OF OIL AND NATURAL GA OIL  or Condensate  or Dry Gas  or Dry Gas   Unit	Address (Give address to a F.O. Box 4157 - Address (Give address to a Is gas actually connected?  No give commingling order makes Workover  Total Depth  Top Oil/Gas Pay	Midland, which approve When umber:	Plug Back   Same Res P.B.T.D.  Tubing Depth  Depth Casing Shoe	be sent)  be sent)
DESIGNATION OF TRANSPORM Name of Authorized Transporter of Control The Permian Corporation Name of Authorized Transporter of Control None If well produces oil or liquids, give location of tanks. If this production is commingled to COMPLETION DATA  Designate Type of Completion Spudded  Pool  Perforations  HOLE SIZE	RTER OF OIL AND NATURAL GADIL SON ON Casinghead Gas or Dry Gas OT Dry Gas Well OT Dry Gas Well OT Dry Gas Well OT Dry Gas Well OT Dry Gas OT Dr	Address (Give address to a F.O. Box 4157 — Address (Give address to a Is gas actually connected?  No give commingling order makes to a Workover    New Well   Workover	Midland which approve When umber:	Plug Back   Same Res P.B.T.D.  Tubing Depth  Depth Casing Shoe	be sent) be sent) v. Diff. Re
DESIGNATION OF TRANSPORMANCE OF Authorized Transporter of Comporation of Authorized Transporter of Components of Authorized Transporter of Components of Com	Casinghead Gas or Dry Gas Casinghead Gas Well Casinghead Gas Casinghead Gas Well Casinghead Gas Casinghead	Address (Give address to a F.O. Box 4157 — Address (Give address to a Is gas actually connected?  No give commingling order makes Workover    New Well   Workover	Midland which approve When umber:	Plug Back   Same Res P.B.T.D.  Tubing Depth  Depth Casing Shoe	be sent) be sent) v. Diff. Re
DESIGNATION OF TRANSPOL Name of Authorized Transporter of C The Permian Corporation Name of Authorized Transporter of C None  If well produces oil or liquids, give location of tanks.  If this production is commingled to COMPLETION DATA  Designate Type of Comple Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST OIL WELL	RTER OF OIL AND NATURAL GADIL SON ON Casinghead Gas or Dry Gas  Unit Sec. Twp. Rge. C 23 12S 32E with that from any other lease or pool, tion - (X) Oil Well Gas Well Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, AN CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this december of the complex of	Address (Give address to u F.O. Box 4157 — Address (Give address to u Is gas actually connected? No give commingling order m New Well Workover  Total Depth  Top Oil/Gas Pay  DEPTH SET	Midland which approve When Deepen	Plug Back   Same Res P.B.T.D.  Tubing Depth  Depth Casing Shoe	be sent) be sent) v. Diff. Re
DESIGNATION OF TRANSPORMANCE OF Authorized Transporter of Comporation of Authorized Transporter of Components of Authorized Transporter of Components of Com	Casinghead Gas or Dry Gas Casinghead Gas Well Casinghead Gas Casinghead Gas Well Casinghead Gas Casinghead	Address (Give address to a F.O. Box 4157 — Address (Give address to a Is gas actually connected?  No give commingling order makes Workover    New Well   Workover	Midland which approve When Deepen	Plug Back   Same Res P.B.T.D.  Tubing Depth  Depth Casing Shoe	be sent) be sent) v. Diff. Re
DESIGNATION OF TRANSPOL Name of Authorized Transporter of C The Permian Corporation Name of Authorized Transporter of C None  If well produces oil or liquids, give location of tanks.  If this production is commingled to COMPLETION DATA  Designate Type of Comple Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST OIL WELL	RTER OF OIL AND NATURAL GADIL STORM or Condensate or Dry Gas or Dr	Address (Give address to u F.O. Box 4157 — Address (Give address to u Is gas actually connected? No give commingling order m New Well Workover  Total Depth  Top Oil/Gas Pay  DEPTH SET  after recovery of total volume epth or be for full 24 hours)  Producing Method (Flow,	Midland which approve When Deepen	Plug Back   Same Res P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEN	be sent) be sent) v. Diff. Re
DESIGNATION OF TRANSPOL Name of Authorized Transporter of C The Permian Corporation Name of Authorized Transporter of C None  If well produces oil or liquids, give location of tanks.  If this production is commingled to COMPLETION DATA  Designate Type of Comple Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST OIL WELL	RTER OF OIL AND NATURAL GADIL SON ON Casinghead Gas or Dry Gas  Unit Sec. Twp. Rge. C 23 12S 32E with that from any other lease or pool, tion - (X) Oil Well Gas Well Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, AN CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this december of the complex of	Address (Give address to u F.O. Box 4157 — Address (Give address to u Is gas actually connected? No give commingling order m New Well Workover  Total Depth  Top Oil/Gas Pay  DEPTH SET	Midland which approve When Deepen	Plug Back   Same Res P.B.T.D.  Tubing Depth  Depth Casing Shoe	be sent) be sent) v. Diff. Re
DESIGNATION OF TRANSPORMAND Authorized Transporter of Comporation The Permian Corporation Name of Authorized Transporter of Complements of Co	RTER OF OIL AND NATURAL GADIL STORM or Condensate or Dry Gas or Dr	Address (Give address to u F.O. Box 4157 — Address (Give address to u Is gas actually connected? No give commingling order m New Well Workover  Total Depth  Top Oil/Gas Pay  DEPTH SET  after recovery of total volume epth or be for full 24 hours) Froducing Method (Flow, Casing Pressure	Midland which approve When Deepen	Plug Back   Same Res Plug Back   Same Res P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEN  and must be equal to or i, etc.)	be sent)  be sent)  v. Diff. Re
DESIGNATION OF TRANSPORMAND Authorized Transporter of Comporation The Permian Corporation Name of Authorized Transporter of Complements of Co	RTER OF OIL AND NATURAL GADIL STORM or Condensate or Dry Gas or Dr	Address (Give address to u F.O. Box 4157 — Address (Give address to u Is gas actually connected? No give commingling order m New Well Workover  Total Depth  Top Oil/Gas Pay  DEPTH SET  after recovery of total volume epth or be for full 24 hours)  Producing Method (Flow,	Midland which approve When Deepen	Plug Back   Same Res P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEN	be sent) be sent) v. Diff. Re

OIL CONSERVATION COMMISSION

Gravity of Condensate

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. TITLE

Bbls. Condensate/MMCF

Casing Pressure

L G. BLEVINS, JR. ASST. DIST. SUPT. (Title) JUN 1 5 1965

Actual Prod. Test-MCF/D

resting Method (pitot, back pr.)

(Date)

Length of Test

Tubing Pressure

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.