NO. OF COPIES RECEIVED	15.						
DISTRIBUTION							
SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSI 2. Form C-104				21.0.101 - 1.0	
		REQUEST	FOR ALL	OWABLE		Effective 1-1-	ld C-104 and C-
FILE				AND			
U.S.G.S.	AUTHOR	AUTHORIZATION TO TRANSPOR			URAL GAS		
LAND OFFICE							
TRANSPORTER GAS							
OPERATOR							
PRORATION OFFICE							
Operator				······································			
Texa	ico lne.						
Address Draw	ver 728	····	· 				
Hobb	s, N. M. 88240						
Reason(s) for filing (Check pro				Other (81			
			Other (Please explain)				
				*To Change Well Number from 2223 to 33			
Recompletion	Oil	Dry G	as 📋	ro change	WCII Wamber	110111 221	
Change in Ownership	Casinghead	Gas Conde	ensate				
If change of ownership give rand address of previous ownership	er						
Lease Name	AND LEASE	Well No. Pool No	me Includir	a Formation	Kind o	f Lease	
1 -	(Ougan) Unit			•	ł		
Northeast Caprock	(Queen) Unit	*33 Cap	rock Que	en	Sidie,	Federal or Fee	
. Unit Letter F ;	1980 Feet From	The West Li	ne and	<u>1980</u> Fe	et From The	North	
							•
Line of Section 23	, Township 12S	Range	32E	, NMPM,	Lea		County
. DESIGNATION OF TRANS	SPORTER OF OIL A			, NMPM,	Lea		County
	SPORTER OF OIL A		4.8	, NMPM, Give address to whi		of this form is	
DESIGNATION OF TRANS	SPORTER OF OIL A	ND NATURAL G	AS Address (Give address to whi	ich approved copy		
DESIGNATION OF TRANS Name of Authorized Transporte The Permian Corpora	SPORTER OF OIL A	ND NATURAL G	AS Address (ch approved copy	exas	to be sent)
. DESIGNATION OF TRANS Name of Authorized Transporter The Permian Corporation of Authorized Transporter	SPORTER OF OIL A	ND NATURAL G	AS Address (Give address to whi Box 4157 -	ch approved copy	exas	to be sent)
DESIGNATION OF TRANS Name of Authorized Transporter The Permian Corporation Name of Authorized Transporter None	SPORTER OF OIL A or of Oil 🕱 or Cond ation or of Casinghead Gas	ND NATURAL G	AGA Address (GA Ad	Give address to whi Box 4157 - Give address to whi	ich approved copy Midland, Te	exas	to be sent)
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Actual Frod. During Test Oil-Bbls. Water-Bbls. GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate resting Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size

VI. CERTIFICATE OF COMPLIANCE

ASST. DIST. SUPT.

JUN 1 5 1965

Date First New Oil Run To Tanks

Length of Test

Date of Test

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)

(Date)

Tubing Pressure

OIL CONSERVATION COMMISSION.

Choke Size

Producing Method (Flow, pump, gas lift, etc.)

Casing Pressure

TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened (Signaty J. G. BLEVINS, JR.

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 allow-

able 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