

DISTRIBUTION	
ANTA FE	
ILE	
U.S.G.S.	
AND 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-110  
Effective 1-1-65

I.

Operator <b>TEXACO Inc.</b>	
Address <b>P. O. Box 728, Hobbs, New Mexico 88240</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of <input checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Condensate <input type="checkbox"/>
Other (Please explain) <b>Well returned to production 9-18-75.</b>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Peery- Federal</b>	Well Name, indicating Formation <b>2 Little Lucky Lake (Dev.)</b>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <b>NM-0338-A</b>
Location			
Unit Letter <b>0</b>	Section <b>660</b>	Feet From The <b>South</b> Line and <b>1980</b>	Feet From The <b>East</b>
Line of Section <b>29</b>	Township <b>15-S</b>	Range <b>30-E</b>	County <b>Chaves</b>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1183, Houston, Texas 77001</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Continental Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Drawer 1267, Ponca City, Oklahoma 74601</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <b>Yes</b>
<b>0 20 15S 30E</b>	When <b>April 25, 1963</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 <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Cased Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GK, 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					

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	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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY John W. Runyan  
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 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.

[Signature]  
Assistant District Superintendent  
(Title)  
September 25, 1975  
(Date)