NO. OF COPIES RECEIVED						
DISTRIBUTION		ONSERVATION COMMI	s N	Form (104 - 10 11
SANTA FE	REQUEST I	FOR ALLOWABLE	De Arriar		sedes Uld L live 1-1-65	-104 and C-11
FILE	AND HOBBS OFFICE O.C.C. C. AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
U.S.G.S.	AUTHORIZATION TO TRA	NSPURT UIL AND N	9 2 21	;A3 : PM %€€		
TRANSPORTER GAS		'viile it	J & 21	in 1000		
OPERATOR PRORATION OFFICE						
Operator	TEXACO Inc.					
Address					•	
P. 0. Box 728 - Hob		Other (Please	avalain l			
Reason(s) for filing (Check proper box,	Change in Transporter of:	Other (Flease	exptain)			
Recompletion	Oil Dry Gas	s 🔲				
Change in Ownership	Casinghead Gas Conden	sate				
If change of ownership give name and address of previous owner			···			
DESCRIPTION OF WELL AND	LEASE /AZN	"5"- Pennsylvane, Including Formation	anian t	7-3080	_	
Lease Name	Well No. Pool Nor	ne, Including Formation	og i met od	Kind of Lease	e or Fee	
State New Mexico "BY"	NCT-1 2 Laz	y "J" Penn (Und	90 TEMOUC	Tystate, I edeta	-	
Unit Letter A ; 660	Feet From The North Line	e and 990	Feet From	The East		
Line of Section 35 , Tov	vnship 13-S Range	33-Е , ммрм,	•	Lea		County
I. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	.s				
Name of Authorized Transporter of Oil	or Condensate	Address (Give address & P. O. Box 15)				be sent)
Texas-New Mexico Pipe Line Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas		Address (Give address t				be sent)
Warren Petroleum Compa	Lovington, New Mexico Is gas actually connected? When					
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 35 13-S 33-E	YES	 	April 1		
If this production is commingled wi	th that from any other lease or pool,	give commingling order	number: Le	etter - Ja	muary 2	28, 1958
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v	. Diff. Res'v.
Designate Type of Completic		NEW NEW	NEW	NEW P.B.T.D.	NEW	NEW
Date Spudded March 6, 1966	Date Compl. Ready to Prod. April 18, 1966	98131		9790	1	
Pool	Name of Producing Formation Top 100 Page Pay				n	
Togar 11.Til	Terr "J" Pennsylvanian			96001		
Perforations Perforate 4 1/2	casing with two jet sh	ots at 9630', 9	005',	Depth Casino	-	
9671, 9676, 9692, 97	141, 97201, 97241, 97271 TUBING, CASING, AND	CEMENTING RECOR	D 9'	7891, and		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
13 3/4"	11 3/4"	367'		<u> </u>	<u> 400 Sx.</u>	
9 7/8"	8 5/8"	4150		1500 Sx. 650 Sx.		
6 3/4"	4 1/2"	98131		0,000,000		
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volu opth or be for full 24 hours	s)		ual to or ex	ceed top allow
Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)				
April 16, 1966	April 18, 1966	Flow Casing Pressure		Choke Size		
24 Hours	480			16/64"		
Actual Prod. During Test	Oil-Bbls. 218	Water - Bbls.		Gas-MCF 364		
222	210					
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F'	Gravity of C	ondensate	
Actual Frod. Test-MCF/D	Length of Year	BB191 Condendate, MINIO	•	3.2.1.7		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure		Choke Size		
VI. CERTIFICATE OF COMPLIAN	CE	OIL	CONSERV	ATION COM	MISSION	
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, · . J		, 1	9
Commission have been complied	with and that the information given best of my knowledge and belief.	<by< td=""><td>:</td><td></td><td>·</td><td></td></by<>	:		·	
^		TITLE				
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1100001.00		This form is to		-		
Sier Sier	17/	If this is a rea	uest for all∩	wable for a ne	MIA OLIUSE	or accepting.
Dan witterr	ature)	If this is a req	t be accompa	anied by a tab	ulation of	the deviation
_Assistant District Su	•	If this is a req well, this form mus tests taken on the All sections of able on new and re	t be accompa well in acco this form m	anied by a tab ordance with F ust be filled o	ulation of RULE 111.	the deviation

April 19, 1966

(Date)

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.