## NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSI . Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 SANTA FE REQUEST FOR ALLOWABLE FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAS 1 02 PM 366 LANG TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator TEXACO Inc. Address P. O. Box 728 - Hobbs, New Mexico Other (Please explain) Reason(s) for filing (Check proper box) \*Filed to show casinghead Gas Connection. Change in Transporter of: Hew Well Dry Gas Oil Recompletion Casinghead Gas 🕱 Condensate Change in Ownership If change of ownership give name and address of previous owner .... II. DESCRIPTION OF WELL AND LEASE Kind of Lease Well No. Pool Name, Including Formation State of New Mexico "DA" NCT-1 1 Ranger Lake Pennsylvanian State, Federal or Fee 660 North 810 West \_Line and\_ Feet From The Feet From The Unit Letter Lea 31-E 14 12**-**S County NMPM Line of Section Township Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil 🗶 1509 West Wall Ave. - Midland, Texas The Permian Corporation Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas 🗶 💮 or Dry Gas 🦳 Lovington, New Mexico \*Warren Petroleum Company When Rge. Is gas actually connected? Twp. If well produces oil or liquids, give location of tanks. 34-E YES January 12, 1966 ! 14 12**-**S D If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v Workover Deepen Plug Back Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Pool Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Water - Bbls. Gas-MCF Oil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure Testing Method (pitot, back pr.) Tubing Pressure

## 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.

E. H. Scott (Signature) District Accountant (Title)

February 10, 1966 (Date) OIL CONSERVATION COMMISSION

FFB 11 1966 APPROVED BY SUPERVISOR DISTRICT A

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.