NO. OF COPIES RECEIVED		· 	-		
DISTRIBUTION					
SANTA FE	1 1	NEW MEXICO OIL CONSERVATION COMMISSIC Form C-104			
FILE	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			65	
U.S.G.S.					
LAND OFFICE					
OIL					
TRANSPORTER GAS					
OPERATOR	<del></del>				
PRORATION OFFICE					
Operator					
	TEXACO 1	ne			
Address	TEMROO I	.110 \$		<del></del>	
	מ ח פ	ox 728 - Hobbs, New Me	rd e e		
Reason(s) for filing (Check proper		Other (Please explain			
New Well	Change in Transporter of:		ow change in transp	orter fro	
Recompletion	· · · · · ·		Corporation to:		
Change in Ownership	<u> </u>		Line Company.		
Change in Ownership	Castridueda ods C	idenadte [_]			
If change of ownership give name and address of previous owner	ND LEASE Well No. Pool	Name, Including Formation	Kind of Lease State, Federal or Fee		
DESCRIPTION OF WELL A Lease Name  N. M. "BV" Stat Location	ND LEASE  Well No. Pool  Pool  NCT-2  B L	azy "J" Pennsylvanian	State, Federal or Fee		
DESCRIPTION OF WELL AND Lease Name  No. Mo. "BV" State	ND LEASE Well No. Pool	azy "J" Pennsylvanian	State, Federal or Fee		
DESCRIPTION OF WELL A Lease Name  N. M. "BV" Stat Location  Unit Letter M	ND LEASE  Well No. Pool  Pool  NCT-2  B L	azy "J" Pennsylvanian	State, Federal or Fee	County	
DESCRIPTION OF WELL A Lease Name  N. M. "BV" Stat Location  Unit Letter M;  Line of Section 36	ND LEASE  e NCT-2  990 Feet From The South  Township 13-S  Range	Line and 990 Feet	State, Federal or Fee	County	
DESCRIPTION OF WELL A Lease Name  N. M. "BV" Stat Location  Unit Letter M;  Line of Section 36	ND LEASE  e NCT-2  990  Feet From The South  Township 13-S  Range  ORTER OF OIL AND NATURAL	Pennsylvanian  Line and 990 Feet  33-E , NMPM,	State, Federal or Fee		
DESCRIPTION OF WELL A Lease Name  N. M. "BV" Stat Location  Unit Letter M  Line of Section 36  DESIGNATION OF TRANSP Name of Authorized Transporter of	ND LEASE  Well No. Pool  NOT-2  990 Feet From The South  Township  13-S Range  ORTER OF OIL AND NATURAL  OIL TOWNSHIP  OF Condensate	Pennsylvanian  Line and 990 Feet  33-E , NMPM,  GAS  Address (Give address to which	State, Federal or Fee t From The West  Lea h approved copy of this form is		
DESCRIPTION OF WELL A Lease Name  N. M. "BV" Stat Location  Unit Letter M  Line of Section 36  DESIGNATION OF TRANSP Name of Authorized Transporter of *Texas-New Mexico P:	ND LEASE  Well No. Pool  990 Feet From The South  Township 13-S Range  ORTER OF OIL AND NATURAL  OIL To or Condensate  ipe Line Company	P. O. Box 1510 - 1	State, Federal or Fee t From The West  Lea h approved copy of this form is	to be sent)	
DESCRIPTION OF WELL AND Lease Name  No. Mo. "BV" State  Location  Unit Letter M  Line of Section 36  DESIGNATION OF TRANSP  Name of Authorized Transporter of Authorized Transporter of Name of Na	ND LEASE  e NCT-2  990  Feet From The South  Township 13-S  Range  ORTER OF OIL AND NATURAL  OIL Township Condensate  ipe Line Company  Casinghead Gas or Dry Gas	P. O. Box 1510 - 1 Address (Give address to which	State, Federal or Fee  t From The West  Lea  h approved copy of this form is  Midland, Texas h approved copy of this form is	to be sent)	
DESCRIPTION OF WELL A Lease Name  N. M. "BV" Stat Location  Unit Letter M  Line of Section 36  DESIGNATION OF TRANSP Name of Authorized Transporter of *Texas-New Mexico P Name of Authorized Transporter of Warren Petroleum C	ND LEASE  PROT = 2 3 I  Proposition    Proposition	P. O. Box 1510 - 1	State, Federal or Fee  t From The West  Lea  h approved copy of this form is  Midland, Texas h approved copy of this form is xico	to be sent)	
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DESCRIPTION OF WELL AND Lease Name  No. Mo. "BV" State  Location  Unit Letter M  Line of Section 36  DESIGNATION OF TRANSP  Name of Authorized Transporter of Warren Petroleum Community of tenks.  If well produces oil or liquids, give location of tanks.	POD LEASE  Well No. Pool  3 I  990 Feet From The South  Township 13-S Range  ORTER OF OIL AND NATURAL  OIL Tor Condensate   ipe Line Company  Casinghead Gas or Dry Gas  Dompany  Unit Sec. Twp. Rge.	Address (Give address to which  Lovington, New Mess  Is gas actually connected?  YES	State, Federal or Fee  t From The West  Lea  h approved copy of this form is  Midland, Texas h approved copy of this form is xico  When November 1,	to be sent)	
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DESCRIPTION OF WELL AND Lease Name  No. Mo. "BV" State Location  Unit Letter M  Line of Section 36  DESIGNATION OF TRANSP Name of Authorized Transporter of Warren Petroleum Compared to the control of t	PORTER OF OIL AND NATURAL  ORTER OF OIL AND NATURAL  OIL Township or Condensate   ipe Line Company  Casinghead Gas  or Dry Gas  Dompany  Unit Sec. Twp. Rge.  E 36 13-S 33-  with that from any other lease or power.	Address (Give address to which  P. O. Box 1510 - 1  Address (Give address to which  Lovington, New Me:  Is gas actually connected?  YES  P. West West Workover Deep	State, Federal or Fee  t From The West  Lea  h approved copy of this form is  Midland, Texas h approved copy of this form is  xico  When  November 1,  er: CTB-23  pen Plug Back Same Re	to be sent) to be sent)	
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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)

CASING & TUBING SIZE

DEPTH SET

Date First New Oil Run To Tanks	Date of Test  Tubing Pressure	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test		Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	

**GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Choke Size Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure

APPROVED

BY.

TITLE .

## VI. CERTIFICATE OF COMPLIANCE

November 8, 1966

HOLE SIZE

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

Wan Kill	ext.
Dan Gillett	(Signature)
Assistant District	Superintendent

(Date)

(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.

OIL CONSERVATION COMMISSION

All sections of this form must be filled out completely for allowable on new and recompleted wells.

SACKS CEMENT

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.