

COPIES OF THIS FORM RECEIVED
1. DISTRIBUTION
2. STATE
3. FIELD
4. DIVISION
5. LAND OFFICE
6. TRANSPORTER
7. OPERATOR
8. PERMITS 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

NAME: **Texas Inc.**
ADDRESS: **Drawer 123**
Hobbs, N. M. 88240
Reason(s) for filing (Check proper box)
Change in Transporter of: ☐ Oil ☐ Gas ☐ Condensate
Other (Please explain): ***To change well number from 4405 to 33**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name: **West Lovington Unit** Well No.: ***33** Pool Name, including Formation: **West Lovington** Kind of Lease: **State, Federal or Fee**
Section: **P** Township: **660** Range: **South** Line: **660** Feet from The: **East**
County: **5** Township: **17-S** Range: **36-E** N.M.M., **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas New Mexico Pipe Line Company Address (Give address to which approved copy of this form is to be sent): **P. O. Box 1510 - Midland, Texas**
Name of Authorized Transporter of Gas ☒ or Dry Gas ☐
Skelly Oil Company Address (Give address to which approved copy of this form is to be sent): **P. O. Box 1135 - Eunice, New Mexico**
If well is connected to pipeline, give location of tanks: **I** **5** **17-S** **36-E** Is gas actually connected? **Yes** When: **Unknown**

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 ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v.
Date Spudded: **1** Date Compl. Ready to Prod.: **1** Total Depth: **1** P.B.T.D.: **1**
Name of Producing Formation: **1** Tip Oil/Gas Pay: **1** Tubing Depth: **1**
Depth Casing Shoe: **1**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE: **1** CASING & TUBING SIZE: **1** DEPTH SET: **1** SACKS CEMENT: **1**

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: **1** Date of Test: **1** Producing Method (Flow, pump, gas lift, etc.): **1**
Length of Test: **1** Tubing Pressure: **1** Casing Pressure: **1** Choke Size: **1**
Water-Bbls.: **1** Gas-MCF: **1**

GAS WELL

Length of Test: **1** Bbls. Condensate/MMCF: **1** Gravity of Condensate: **1**
Tubing Pressure: **1** Casing Pressure: **1** Choke Size: **1**

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.

J. C. BLEVINS, JR.
ASST. DIST. Supt.
JUN 15 1965
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED: **1**, 19 **1**
BY: **1**
TITLE: **1**

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.