

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

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 DIVISION
 LAND OFFICE
 TRANSPORTER OIL
 GAS
 OPERATOR
 PERMITS OFFICE

I. WELL INFORMATION

Well No. 33 Pool Name, including Formation West Lovington Kind of Lease State, Federal or Fee

Location Texas Ind. Drawer 123 Hobbs, N. M. 88240

Reasons for filing (Check proper box) Other (Please explain)

Change in Transporter of: Oil Dry Gas ***To change well number from 4405 to 33**

Change in Pool Name Change in Formation Condensate

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

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 Compl. Ready to Prod. I 5 17-S 36-E Total Depth 17-S 36-E P.B.T.D. 17-S 36-E

Name of Producing Formation 17-S 36-E Tip Oil/Gas Pay 17-S 36-E Tubing Depth 17-S 36-E

Depth Casing Shoe 17-S 36-E

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 I 5 17-S 36-E Date of Test I 5 17-S 36-E Producing Method (Flow, pump, gas lift, etc.) I 5 17-S 36-E

Length of Test I 5 17-S 36-E Tubing Pressure I 5 17-S 36-E Casing Pressure I 5 17-S 36-E Choke Size I 5 17-S 36-E

Water-Bbls. I 5 17-S 36-E Gas-MCF I 5 17-S 36-E

GAS WELL

Length of Test I 5 17-S 36-E Bbls. Condensate/MMCF I 5 17-S 36-E Gravity of Condensate I 5 17-S 36-E

Tubing Pressure I 5 17-S 36-E Casing Pressure I 5 17-S 36-E Choke Size I 5 17-S 36-E

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 1965

BY _____

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 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.

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