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U.S.

FIELD OFFICE

TRANSPORTER

PRODUCER

OPERATION 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

Texaco Inc.

Drawer 728

Hobbs, N. M. 88240

Reasons for filing (Check proper box)

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

*To change well number from 4205 to 11

Change of ownership give name

Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name

West Lovington Unit

Well No.

*11

Pool Name, including Formation

West Lovington

Kind of Lease

State, Federal or Fee

Location

Unit Letter

H

660

Feet From The

East

Line and

1980

Feet From The

North

Line of Section

5

Township

17-S

Range

36-E

NMPM,

Lea

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (X) 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 Casinghead Gas (X) 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 produces oil or liquids, give location of tanks.

Unit

I

Sec.

5

Twp.

17-S

Rge.

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:

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

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Pool

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

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

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil-Bbls.

Water-Bbls.

Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MCF

Gravity of Condensate

Testing Method (pitot, back pr.)

Tubing Pressure

Casing Pressure

Choke Size

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. G. BLEVINS, JR.

ASST. DIST. SUPT.

JUN 15 1965

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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.