

RECEIVED  
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SANTA FE  
FILE  
CLERK  
LAND OFFICE  
TRANSPORTER  
OIL  
GAS  
OPERATOR

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

I. PRODUCTION OFFICE  
Name: Texas Inc.  
Address: Drawer 726  
Hobbs, N. M. 88240  
Reasons for filing (Check proper box)  
Change in Terms (enter oil: ☐ Oil ☐ Dry Gas ☐ Condensate ☐  
Other (Please explain): \*To change well number from 4406 to 29

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Well Name: West Lovington Unit Well No.: \*29 Pool Name, including formation: West Lovington Kind of Lease: State, Federal or Fee  
Location: P 660 Feet from The South Line and 660 Feet from The East Line  
Section: 6 Township: 17-S Range: 36-E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Designated 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  
Designated Transporter of Gas (Natural 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'ty. ☐ Diff. Res'ty. ☐  
Date Spudded ☐ Date Compl. Ready to Prod. ☐ Total Depth ☐ P.B.T.D. ☐  
Name of Producing Formation ☐ Top Oil/Gas Pay ☐ Tubing Depth ☐  
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 lost oil and must be equal to or exceed rop allowable for this depth or be for full 24 hours)  
Flow Test (New Oil Run To Tanks) ☐ Date of Test ☐ Producing Method (Flow, pump, gas lift, etc.) ☐  
Casing Pressure ☐ Tubing Pressure ☐ Casing Pressure ☐ Choke Size ☐  
Water-Bbls. ☐ Gas-MCF ☐

GAS WELL  
Length of Test ☐ Bbls. Condensate/MMCF ☐ Gravity of Condensate ☐  
Casing Pressure ☐ 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. C. THOMAS, JR. (Signature)  
Asst. Dist. Supt.  
JUN 15 1965  
Title ☐  
Date ☐  
OIL CONSERVATION COMMISSION  
APPROVED ☐ 19 ☐  
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.