| | 11LE 1.5.G.S. | REQUEST FOR ALLOWABLE | | DN Form C-104 Supersedes Old C-164 av Effective 1-1-65 |
|------------|---|--|---|--|
| | AND OFFICE | UTHORIZATION TO | TDANADADA | URAL GAS |
| | TEXACO Inc. | | | |
| | P.O. Box 728, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) | | | |
| | New Well Change in Transporter of: URDen Alaman Change Operator 4 | | | |
| | Recompletion Change in Ownership X | Casinghead Gas C | ondensate Operated By: | Shell Oil Co |
| | and address of previous owner | Shell Oil Co. , P.O. Bo | x 1509, Midland, Texa | s 79701 |
| 1 | Lease Name | IND LEASE | | |
| | Central Vacuum IIn | well No. Pool Name, Includi n.t. 88 Vacuum Gra | | of Lease Lease Lease |
| | | 660 Feet From The South | | i Wigt |
| | Line of Section 31 | Township | | From The Goot |
| II | . DESIGNATION OF TRANSP | PORTER OF OIL AND NATURAL | <u>35-E</u> , NMPM, | Lea Cour |
| | | or Condensate | GAS Address (Give address to which | approved copy of this form is to be sent) |
| | Name of Authorized Transporter o | Pipe Line Co. f Casinghead Gas X or Dry Gas | P.O. Box 1510. Midland. Toxas Address (Give address to which approved copy of this form is to be sent) | |
| | Phillips Petroleur | m Co. | P.O. Box bbbb | approved copy of this form is to be sent) Odessa, Texas |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Ege. M 31 17-5 35- | Is gas actually connected? | When |
| IV. | If this production is commingled COMPLETION DATA | with that from any other lease or poo | ol, give commingling order number | |
| • | Designate Type of Compl | | · · · · · · · · · · · · · · · · · · · | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | |
| • | Elevations (DF, RKB, RT, GR, etc | | | P.B.T.D. |
| | Perforations | | Top Oil/Gas Pay | Tubing Depth |
| | Depth Casing Shoe | | | |
| | TUBING, CASING, A | | ND CEMENTING RECORD | |
| | | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | | |
| | | | | |
| v . | TEST DATA AND REQUEST OIL WELL | FOR ALLOWABLE (Test must be | after recovery of total volume of load | l oil and must be equal to or exceed top allo |
| Ī | Date First New Oil Run To Tanks | Date of Test | depth or be for full 24 hours) Producing Method (Flow, pump, ge | |
| ŀ | Length of Test | Tubing Pressure | Casing Pressure | |
| ╞ | Actual Prod. During Test | Oll-Bbia. | | Choke Size |
| Ĺ | | | Water - Bbls. | Gas-MCF |
| | GAS WELL | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bils. Condensate/MMCF | Gravity of Condensate |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Sbut-in) | Choke Size |
| VI. C | ERTIFICATE OF COMPLIAN | NCE | OIL CONSED | |
| I Ca | hereby certify that the rules and ommission have been complied sove is true and complete to the | regulations of the Oil Conservation with and that the information given | APPROVED | VATION COMMISSION |
| | above is true and complete to the best of my knowledge and bellef. | | Odg. Signed by | |
| | | | 1 | <u>)</u> <u>)</u> <u>)</u> <u>)</u> <u>)</u> <u>)</u> <u>)</u> <u>)</u> |
| | | and i | If this is a request for all | n compliance with RULE 1104. owable for a newly drilled or despende |
| Ŀ | sistent District | Superintendent | tosts taken on the well in acc | panied by a tabulation of the deviation cordance with RULE 111. |
| ć | <u>1-26-17</u> | :le) * | All sections of this form must be filled out completely for allow- shis on new and recompleted wells. | |
| | (Dc | ite) | wert mame of number, of transpo | II, III, and VI for changes of owner, orter, or other such change of condition. |
| | | | Separate Forms C-104 mu | ist be filed for each pool in multiply |
| | · · | | | |