	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OF FICE I RANSPORTER OIL GAS OPERATOR PRORATION OF FICE	REQUEST F	INSERVATION COMMISSION OR ALLOWABLE AND ISPORT OIL AND NATURAL GAS	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
•••	Operator TEXACO LAC. Address P.O. DCX 720, Hobbu, Reason(s) for filing (Check proper box) New Well	Change in Transporter of: Oil Dry Gas		illips Petroleum Co
	Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND I Lease Name	Casinghead Gas Condens Casinghead Gas Well No. Pool Name, Including Fo	rmation Kind of Lease	Fee State Del096-1
	Coxacc-S.ell State Con.       I       Vacuum Upper Tennsylvanian       State, Federal of Fee State       State         Location       Unit Letter			
111.	Line of Section 2.5 Tow DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	ER OF OIL AND NATURAL GAS	S Address (Give address to which approved of	copy of this form is to be sent)
	Pende-Hew Menico Fipe Name of Authorized Transporter of Cas Texaco Inc. *Taillips Petroleum Co.	Line Company Inghead Gas or Dry Gas	P.O. LON 1510, Milland, T Address five ad28's through approved P.O. BOX 6666, Cdessa, Te is gas actually connected? When	$\frac{1}{2} \exp \left( \frac{1}{100} + 1$
,	If well produces oil or liquids, give location of tar.ks. If this production is commingled with COMPLETION DATA	Unit     Sec.     Twp.     Hge.       J     25     175     34E       h that from any other lease or pool,	Yes May	19, 1934 2-220
1.	Designate Type of Completion Date Spudded	Oil Well Gas Well On - (X) Date Compl. Ready to Prod.		B.T.D.
	Elevations (DF, RKB, RT, GR, etc., Perforations	Name of Producing Formation		ubing Depth epth Casing Shoe
	HOLE SIZE	TUBING, CASING, AND 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 allow- able 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 C	Choke Size
	Actual Prod. During Test	Oil-Bbis.	Water-Bble. C	Gas - MCF
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	BDIS. CONTRIBUTO, MARCE	Bravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	COBING Freesand (Shee any	Choke Size
VI	T. 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. Acciented District Superintendent		OIL CONSERVATION COMMISSION APPROVED JUN 3 1971, 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 allow-	

(Title)

(Date)

June 2, 1971

v~ All sections of this form must be able on new and recompleted wells.

Fill out only Sections I, II, III, and VI 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

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## F E MED

OIL CONSECUATION COLIM. HOBSC, M. M.