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FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISS

Form C -104

	SANTA FE	R	EQUEST F	FOR ALLO	WABLE			old C-104 and C-110
	FILE		,			CE 0. C. C.	Effective 1	-1-65
	U.S.G.S.	AUTHORIZATION	1 TO TRA	NSPORT (IL AND N	ATURAL GA	AS	
	LAND OFFICE					54 PM '67		
	TRANSPORTER OIL			, ,	.u	וט יוו דיכ		
	GAS							
	OPERATOR							
I.	PRORATION OFFICE							
	Operator							
		TEXA	CO Inc.	· · · · ·				
	Address	D 0	Der 71	a uch	bs, New 1	Vori co		
			. BOX (4					
	Reason(s) for filing (Check proper box)		_	10	ther (Please o	explain)		
	New Well	Change in Transporter						
	Recompletion	011	Dry Gas	=				
	Change in Ownership	Casinghead Gas	Conden	sate				
	If change of ownership give name							
	and address of previous owner	······································						
			•					
П.	DESCRIPTION OF WELL AND I	LEASE Well N	In Deal No.	ne, Including	Formation		Kind of Lease	
	Lease Name	25	.	st Lovin			State, Federal or I	Fee
	West Lovington Unit			30 DOVIII	- B 0011		oldte, i edelal ol i	
	Location	S-		660	١		L. East	
	Unit Letter 1 ; 1900	DFeet From The So	uch Line	e and OOC	, 	Feet From Ti	he <u>Eas</u> v	
	1	mship 17-S	_ 3/	6 -e	NO ATOM		Lea	Country
	1 Line of Section 4 , Tow	vnship I(=0	Range 3	<u> </u>	, NMPM,		<u> </u>	County
	DEGLES ACTION OF MR ANDRORE	CED OF OH AND NAT	TIDAT CA	c				
111.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	T CRAL GA	Address (G	ive address to	which approve	ed copy of this form	is to be sent)
	Texas-New Mexico Pipe		_				idland, Texa	
	Name of Authorized Transporter of Cas	•	Gas	Address (G	ive address to	which approve	ed copy of this form	is to be sent)
	Skelly Oil Company			P.	O. Box	1135 - Ei	unice, New M	1exico
		Unit Sec. Twp.	Rge.	Is gas actu	ally connected	1? When	n	
	If well produces oil or liquids, give location of tanks.	I 5 17-8	s : 36-e	Y	3S	! Fe	ebruary 1, 1	.967
	L	that the same at the local		aius sommi	nalina order	number:		
IV	If this production is commingled wit COMPLETION DATA	h that from any other lead	se or poor,	give commi	ugiing order	number.		
1 .		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Same	Res'v. Diff. Res'v.
	Designate Type of Completion	on - (X) OIL	NO	NEA	NEW	NEW	NEW NI	ew new
	Date Spudded	Date Compl. Ready to Prod		Total Dept	h		P.B.T.D.	
	October 28, 1966	February 1, 1	.967		5120'		508	801
	Pool	Name of Producing Format	lon	Top Oil/	-		Tubing Depth	
	West Lovington	San Andres			4730 '		470	00 !
	Perforations Perf 42" Casing	2 jet shots @ 47	473, 1301	41,4785	ا, 1787, ا	, 1884	Depth Casing Sho	
	48861,49701,49721,50101	,5030, <u>5030, 1</u> 5031	<u>י5038, יו</u>	ا ر ا 5039	ar (1880 <u>-</u>	id 5093'.	512	201
		TUBING, CA	ASING, AND	CEMENT	NG RECOR)		
	HOLE SIZE	CASING & TUBING	SIZE		DEPTH SE	T		CEMENT
	11"	7 5/8n			3271			0 Sx.
	6 3/4"	4 1/2"		5	120'		650	0 Sx.
				<u> </u>				
				<u>.L</u>				
V.	. TEST DATA AND REQUEST FO	OR ALLOWABLE (Te	st must be a le for this de	epth or be for	full 24 hours,	'		o or exceed top allow-
	Date First New Oil Run To Tanks	Date of Test	_	Producing	Method (Flow	pump, gas lif	t, etc.)	
	February 1, 1967	February 1, 1	967		Pump			
	Length of Test	Tubing Pressure		Casing Pro	essure		Choke Size	
	24 Hours	Pump			Pump		Pump	·
	Actual Prod. During Test	Oil-Bbls.		Water - Bbl	5.		Gas - MCF	

125 TSTM 155 30

GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Choke Size resting Method (pitot, back pr.) Tubing Pressure Casing Pressure

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.

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\wedge	ļ
	١
1 / WILLIAM	
- Vangelell	1
Dan Gillett (Signature)	İ
Assistant District Superintendent	١
(Title)	-
February 1, 1967	

(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.