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SANTA FE		
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TRANSPORTER	OIL	\perp
	GAS	
OPERATOR		
PRORATION OFFICE		I

-	DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
	LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE						
I.	Operator						
	TEXACO Inc.	ress					
	F.C. Ecx 728 Hobbs We Reason(s) for filing (Check proper box)	w Mexico 88240	Other (Please explain)				
	New We!1	Change in Transporter of:		anchoriter from Shelly			
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	F (***)	CT1.VS 1(1-1-/1.			
	If change of ownership give name						
	and address of previous owner						
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.			
	West Lovington Unit	57 Lovington San		or Fee State			
	Location	Feet From The Forth Line	e and 989 Feet From T	he Cast			
	Unit Letter If; 1650	Feet From The	-				
	Line of Section 8 Tow	mship 17S Range	36E , NMPM, Le	a county			
Ш.	DESIGNATION OF TRANSPORT	rer of oil and natural GA	S Address (Give address to which approx	ed copy of this form is to be sent)			
	Name of Authorized Transporter of Oll	<u>75.</u>	T 6 Roy 1510 - Nieland	. Texas 79701			
	Texas New Mexico Pipe Name of Authorized Transporter of Cas		Address (Give address to which approx F.C. Box 6666 - 66essa				
	Phillips Petroletta Com	Unit Sec. Twp. Age.	Is gas actually connected? Whe	·n			
	If well produces oil or liquids, give location of tanks.	I 5 178 36E	Yes	Pagember 21, 1966			
	If this production is commingled wit COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.			
2	Designate Type of Completio	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
				Depth Casing Shoe			
	Perforations						
		TUBING, CASING, AND	DEPTH SET	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE					
V.	EST DATA AND REQUEST FOR ALLOWABLE (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)						
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
		Oil-Bbls.	Water-Bbls.	Gas - MCF			
	Actual Prod. During Test	O11- Bb16.					
			•				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	lesting Method (phot, buch pro)						
VI	. CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	4. 1971			
	I hereby certify that the rules and	regulations of the Oil Conservation	ALL MOTES				
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Orig. Signed fiv					
		TITLE Dist. I.	*				
				compliance with RULE 1104.			
	Wignature)		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				
		well, this form must be accordance with RULE 111. tests taken on the well in accordance with RULE 111.					

(Title)

(Date)

October 12, 1971

All sections of this form must be filled out completely for allowable 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 completed wells.

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e 7 13 1971

OIL CONSERVATION COMM. HOBBS, N. M.