1	FILE 1 1	÷	AND	Effective 1-1-65
Ì	U.S.G.S.	A ORIZATION TO TRA	· · · · · ·	RAL GAS
	LAND OFFICE			
	TRANSPORTER OIL			
-	OPERATOR GAS			
.	PROPATION OFFICE			
1.	Operator			and the second s
	Texaco, Inc.			
	Address		10 - h -	
	P. O. Box 728 - Hobbs, New Mexico 38240			
	Reason(s) for filing (Check proper box) New Well Change in Transporter of: Other (Please explain) Request temporary approval eff. 5-1-74 to commingle			
	Recompletion Oil Dry Gas Subject Well With H.D. McKinley,			
	Change in Ownership	Casinghead Gas Conden	sate Mobbs Grayby	urg San Andres field
	If change of ownership give name and address of previous owner			
	DESCRIPTION OF WELL AND I	FACE		
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind o	i Lease No.
	H. D. McKinley	2 Bowers Saver	n Rivers State,	Federal or Fee Fee
	Location			C 4
	Unit Letter I ; 136	Feet From The South Line	e and <u>550 </u>	From The West East
		mship 19-3 Range 36	8 -6 Mapm,	Lea County
	Line of Section 7 Tow	nsnip 19 Runge J.	S11 (4)	304/
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	<u>S</u>	
	Name of Authorized Transporter of Oil	or Condensate		happroved copy of this form is to be sent)
	Shell Pipeline Co	inghead Gas or Dry Gas	P. O. Sox 1910	- Midland, rexas happroved copy of this form is to be sent)
	Name of Authorized Transporter of Cas		Box 5566 - 0de	
	Phillips Petroleu	Unit Sec. Twp. Fige.	Is gas actually connected?	SSA, Texas
	If well produces oil or liquids, give location of tanks.	H 4 19-8 37-E	Yes	May 7, 1974
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number	er:
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Dee	
	Designate Type of Completio		I workstor	1 1
	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 CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
1 ,	TEST DATA AND DECUEST FO	OP ALLOWARIE (Test must be a	fter recovery of total volume of l	oad oil and must be equal to or exceed top allow-
٧.	OIL WELL 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.)
		Tubing Pressure	Casing Pressure	Choke Size
	Length of Test		-	
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF
•				
	GAS WELL	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	Langth of Table		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIANCE	CE	OIL CONS	ERVATION COMMISSION
			APPROVED, 19	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY	
	_		TITLE	
	0 1/2/1/11		This form is to be filed in compliance with RULE 1104.	
	X Illeull		as we have a support for allowable for a newly drilled or deepened	
	(Signature)		well, this farm must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	Agat. Dist. Surt.		All sections of this form must be filled out completely for allow-	
	(Title)		able on new and recomply	eted Wells.
	May 28, 1974		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.	
	(De	nte)	Separate Forms C-1	04 must be filed for each pool in multiply
		· · · · · · · · · · · · · · · · · · ·	il completed wells.	***