NO. OF COPIES RECE	EIVED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

DISTRIBUTION	NEW MEXICO OIL (CONSERVATION COMMISSIO	N Form C-104
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR		IDAL CAC
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATE	JRAL GAS
	 		
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE	\neg		
Operator			
MEN A O() To a			
TEXACO Inc.			
P.O. Box 728, Hobbs.	New Mexico 88240		
Reason(s) for filing (Check proper b	ox)	Other (Please explo	in)
New Well	Change in Transporter of:		
Recompletion	Oil Dry G	gs 🗍	•
Change in Ownership	Casinghead Gas X Conde	ensate	
Change in Ownership	Custingheda Gus 18 Conde		
If change of ownership give name and address of previous owner			
I. DESCRIPTION OF WELL AN	D LEASE		
Lease Name	Well No. Pool Name, Including F	Formation Kind	of Lease No.
C.H. Weir B*	4 Skaggs Glori	eta State	, Federal or Fee Fee -
Location			
Unit Letter 1 ; 2	044 Feet From The South Li	ne and <u>660</u> Fe	et From The <u>East</u>
Line of Section 11	Township 205 Range	37E , NMPM, L	ea County
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	AS	
Name of Authorized Transporter of	Oil Y or Condensate	Address (Give address to whi	ch approved copy of this form is to be sent)
1			
Shell Pipe Line Comp	any	1.0. Box 1910, M1	dland, Texas 79701 ch approved copy of this form is to be sent)
Name of Authorized Transporter of (Casinghead Gas 🗶 or Dry Gas 🦳	Address (Give adaress to wit	en approved copy of this form is to be sent;
Warren Petroleum Com	Danv	P.O. Box 1589. Tu	lsa. Oklahoma 74102
	Unit Sec. Twp. Rge.	Is gas actually connected?	lsa Oklahoma 74102
If well produces oil or liquids, give location of tanks.	K 12 20S 37E	Yes	Not available
<u> </u>			
If this production is commingled	with that from any other lease or pool,	give commingling order num	ber: <u>PC-70</u>
7. COMPLETION DATA		Tax - 100 1 100 1	Di Dail Com Basta Diff Basta
D Torra of Comple	Oil Well Gas Well	New Well Workover De	epen Plug Back Same Res'v. Diff. Res'v.
Designate Type of Comple	$\operatorname{tion} = (\Lambda)$		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Clause (DE DVD DT CD	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.	, Name of Producing Formation	100 011) 040 . 4)	. azıng zop
		<u> </u>	
Perforations			Depth Casing Shoe
İ			
	TUBING CASING AN	D CEMENTING RECORD	
401.5.5175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	- BEF 111 3E1	
	14.00		
			
			1
7. TEST DATA AND REQUEST	FUR ALLOWABLE (Test must be a	after recovery of total volume of epth or be for full 24 hours)	load oil and must be equal to or exceed top allow-
OIL WELL	· · · · · · · · · · · · · · · · · · ·	Producing Method (Flow, pum	n age lift etc.)
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pum	P, 8-0 11/11 0101/
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	Gas - MCF
Actual Float Burning 1991			
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
realing wathou (prior) and proy	(3000 200)	•	
		 	
I. CERTIFICATE OF COMPLIA	NCE	OIL CON	SERVATION_COMMISSION
,		ARREOVED JU	- 0.4071
	d semilations of the Oil Comments.	APPROXED JU	, 19
I hereby certify that the rules an	d regulations of the Oil Conservation i with and that the information given	. 11	1
shove is true and complete to	the best of my knowledge and belief.	BY_	Many
	, <u>-</u>		WCOS DICTOR
		TITLE	JISOR DISTRICTS
0-11	<i>(</i> /	1	iled in compliance with RULE 1104.
	<i>!</i>	This form is to be t	Hed to combitence with MACE 1104"

VI.

June 2, 1971

Odlel.	
Assistant District Superintendent	
(Title)	

(Date)

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 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.

RECEIVED

JUR 21971

OIL CONSERVATION COMM. HOBBS, N. M.