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ſ	NO. OF COPIES RECEIVED			
ŀ	DISTRIBUTION	NEW MEXICO ON CO	NSERVATION COMMISSION	Form C-104
ł			OR ALLOWABLE	Supersedes Old C-104 and C-110
ł	FILE	REQUEST	AND	Effective 1-1-65
ł	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		GAS
ł				
	TRANSPORTER OIL	OIL		
	GAS			
	OPERATOR			
1.	PRORATION OFFICE			
	Operator TEXACO Inc.			
	Address			
	P. 0. Box 728 - Hobbs, New Mexico 88240			
	Reason(s) for filing (Check proper box) Other (Please explain)			
	New We!1	Change in Transporter of:		
	Recompletion X	Oil Dry Gas		
	Change in Ownership	Casinghead Gas Condens	ate	
	If change of ownership give name and address of previous owner			
TO REPORT OF WELL AND LEASE				
11.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including For		Lease No.
	C. H. Weir "B"	4 East Weir Blin	nebry State, Fede	eral or Fee
	Location			
	Unit Letter I ; 2044	Feet From The South Line	and <u>660</u> Feet From	n The East
	,,,,,,			
	Line of Section 11 Town	ship 20-S Range	37-Е , ММРМ,	Lea County
			2	
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which app	roved copy of this form is to be sent)
	Shell Pipe Line Company	*	P.O. Box 1910 - Midla	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address to which approved copy of this form is to be sent)	
	Warren Petroleum Compan		Lovington, New Mexico	88260
	If well produces oil or liquids,	Unit Sec. Twp. Pge.		When
	give location of tanks.	к 12 20-5 37-Е	Yes	October 20, 1970
	If this production is commingled with	a that from any other lease or pool, a	give commingling order number:	PC-70
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion		X	x
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		October 20, 1970	6915	6800
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	2501 DR	Blinebry	5771	5380
	Perforations 2 JSPI @ 5771, 5	5777, w/2 JSPF 5783 - 57	87, w/2 JSPI @ 5791, w	7/2 6915
	+1000 5706 - 5801 070 19		ビビ うわせて み うわうろ ヨノス みか	P1
	e 5861, 5866, 5887, w/2	JSPF @ TUBING, CASING, AND	DEPTH SET	- 5915, W/2 JSPI @ 5929, SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEFINGET	
	5954, 5958, 5960, 5963,	5965. 5969 & 5975.	1452	950
	<u>13-3/4"</u> 9-7/8"	<u> </u>	5475	2455
	6_2/11	h=1/2"	6915	300
THE DATE AND REQUEST FOR ALLOWABLE. (Test must be after recovery of total volume of load oil and m				oil and must be equal to or exceed top allow-
v	OIL WELL			
	Date First New Oil Run To Tanks	Date of Test		
	October 20, 1970	October 20, 1970	Pumping Casing Pressure	Choke Size
	Length of Test 24		_	-
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
	12	11	1	26.9
		······································		
	GAS WELL			Complete of Condenants
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			Casing Pressure (Shut-in)	Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cabing Probatic (Date 14)	
				VATION COMMISSION
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.		APPROVED	, 19
			In Jalit	X Minen
			BY	
			TITLE	/
	Assistant District Superintendent (Signature) Assistant District Superintendent (Title) October 21, 1970 (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 allow- able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,	
			Fill out only Sections well name or number, or trans	I, II, III, and VI for changes of owner, porter, or other such change of condition.
,			Separate Forms C-104	must be filed for each pool in multiply
			completed wells.	

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