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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NOTE: We request continued permission to produce subject Unit production temporarily under existing commingle permits; since Unit production must still be measured separately on the basis of lease and royalty ownership prior to Unitization.

Operator Texaco Inc.
Address Drawer 728 Hobbs, N M. 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain)
*This C-104 filed to show change in well number & lease name from C. H. Weir "A" #3 to: Skaggs Grayburg Unit #3

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name * SKAGGS GRAYBURG UNIT
Well No. #3
Pool Name, Including Formation SKAGGS GRAYBURG
Kind of Lease State, Federal or Fee
Location
Unit Letter I, 660 Feet From The East Line and 1980 Feet From The South
Line of Section 12, Township 20-S, Range 37-E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipe Line Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1910 - Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Warren Pet. Company
Address (Give address to which approved copy of this form is to be sent)
Lovington, New Mexico
If well produces oil or liquids, give location of tanks. Unit I, Sec. 12, Twp. 20-S, Rge. 37-E
Is gas actually connected? YES
When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA
Designate Type of Completion - (X)
Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
Date Spudded Date Compl. Ready to Prod. Total Depth
Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL
(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)
Producing Method (Flow, pump, gas lift, etc.)
Date First New Oil Run To Tanks Date of Test
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

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

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.
E. H. SCOTT (Signature)
DIST. ACCOUNTANT
JUL 1 1966 (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 multiple completed wells.