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

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE UNIT  
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  
Address  
Texaco Inc.  
Drawer 728  
Hobbs, N. M. 88240  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
\*This C-104 filed to show change in well number & lease name from M. B. Weir "B" #1 to: Skaggs Grayburg Unit #8.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE  
Lease Name \* SKAGGS GRAYBURG UNIT  
Well No. #8  
Pool Name, Including Formation SKAGGS GRAYBURG UNIT  
Kind of Lease  
State, Federal or Fee  
Location  
Unit Letter P 660 Feet From The South Line and 660 Feet From The East  
Line of Section 12 Township 20-S Range 37-E, NMPM, Lea County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Shell Oil 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 P 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:

II. COMPLETION DATA  
Designate Type of Completion - (X)  
Date Spudded  
Date Compl. Ready to Prod.  
Total Depth  
P.B.T.D.  
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)  
Date First New Oil Run To Tanks  
Date of Test  
Producing Method (Flow, pump, gas lift, etc.)  
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  
(Title)  
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 multiply completed wells.