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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator <b>TEXACO Inc.</b>	
Address <b>P. O. Box 728 - Hobbs, New Mexico</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	*To show change in oil transporter and request Temporary permit to Commingle Skaggs Drinkard Well No 7, Skaggs Glorietta Well No 8, Skaggs Well Nos 4 & 6, and East Weir Blinebry Well No. 7, May 1, 1965
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner	

Lease Name <b>M. B. Weir "B"</b>		Well No. <b>7</b>	Pool Name, including Formation <b>East Weir Blinebry</b>	Kind of Lease State, Federal or <u>Fee</u>	Fee
Location					
Unit Letter <b>M</b>	<b>660</b>	Feet From The <b>South</b>	Line and <b>825</b>	Feet From The <b>West</b>	
Line of Section <b>12</b>	Township <b>20-S</b>	Range <b>37-E</b>	NMFN, <b>Lea</b>		County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
<b>Shell Pipe Line Company</b>		<b>P. O. Box 1910 - Midland, Texas</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
<b>Warren Petroleum Company</b>		<b>Lovington, New Mexico</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>M</b>	Sec. <b>12</b>	Twp. <b>20-S</b>	Range <b>37-E</b>	Is gas actually connected? <b>YES</b>
					When <b>April 1, 1965</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-93**

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Work Over	Deepen	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		Sub. 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 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 (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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	
E. F. Scott (Signature)		BY <b>Joe Ramirez</b>	
District Accountant (Title)		TITLE _____	
Aug 28, 1965 (Date)		This form is to be filed in compliance with Rule C-104.	
		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of deviation tests taken on the well in accordance with Rule C-104.	
		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 in condition.	
		Separate Forms C-104 must be filed for each pool in multiply completed wells.	