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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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-116
Effective 1-1-65

Operator TEXACO Inc.	
Address P. O. Box 728 - Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXACO Inc. (TRUCKS)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 728 - Hobbs, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum 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 M Sec. 12 Twp. 20-S Rge. 37-E	Is gas actually connected? YES When April 1, 1965

If this production is commingled with that from any other lease or pool, give commingling order number: **NONE**

IV. COMPLETION DATA

Designate Type of Completion - (X)	OIL Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
OIL	NO	NEW	NEW
Date Spudded January 1, 1962	Date Compl. Ready to Prod. March 25, 1965	Total Depth 6870'	P.B.T.D. 5910'
Pool East Weir Blinebry	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5742'	Tubing Depth 6868'
Perforations One jet shot at 5742', 5749', 5753', 5772', 5776', 5810', 5814', 5816', 5823', and 5838'.			Depth Casing Shoe 6868'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	32.30 9 5/8"	1387'	600 Sx.
8 3/4" East Wier Blinebry	6.50 2 7/8"	6868'	800 Sx.

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)

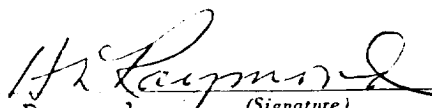
Date First New Oil Run To Tanks March 24, 1965	Date of Test March 25, 1965	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 550	Casing Pressure - - -	Choke Size 28/64"
Actual Prod. During Test 55	Oil-Bbls. 55	Water-Bbls. NONE	Gas-MCF 1057.9

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.


H. D. Raymond (Signature)
Assistant District Superintendent (Title)
April 2, 1965 (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.