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	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-110  
Effective 1-1-65

HOBBS OFFICE O. C. C.  
JUL 13 10 03 AM '66

Operator <b>Texaco Inc.</b>		
Address <b>Drawer 728 Hobbs, N. M. 88241</b>		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	*This C-104 filed to show change in well number & lease name from L. R. Kershaw #3 to: Skaggs Grayburg Unit #13.
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 \_\_\_\_\_

Lease Name <b>*SKAGGS GRAYBURG UNIT</b>		Well No. <b>*13</b>	Pool Name, Including Formation <b>SKAGGS GRAYBURG</b>	Kind of Lease State, Federal or <u>Fee</u>
Location				
Unit Letter <b>B</b>	<b>660</b>	Feet From The <b>North</b>	Line and <b>1980</b>	Feet From The <b>East</b>
Line of Section <b>13</b>	Township <b>20-S</b>	Range <b>37-E</b>	, NMPM, <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 Pet. Company</b>					<b>Lovington, New Mexico</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>13</b>	Twp. <b>20-S</b>	Rge. <b>37-E</b>	Is gas actually connected? <b>YES</b>	When <b>Unknown</b>

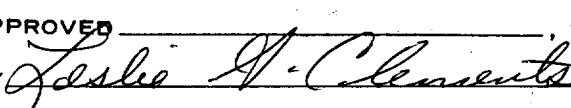
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

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			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		

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	

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	

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.	