DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE ITRANSPORTER OIL OPERATOR PRORATION OFFICE OIL OFFICE OFFICE OIL OFFICE OIL OFFICE OFFICE OFFICE OIL OFFICE OFFICE OIL OFFICE OFFICE OFFICE OIL OFFICE OFFICE OFFICE OIL OFFICE OFFICE OIL OFFICE OFFICE OIL OFFICE OIL OFFICE OFFICE OIL OFFICE OI	NO. OF COPIES RECEIVED		·		
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LAND OFFICE  ITAMSPORTER  ITAMS		KEQUEST FUR ALLOWABLE BES OFFICE O. C. C. Supersedes Old C-104 and C-1			
TRANSPORTER   OL		AUTHORIZATION TO TR	AND AND MATHE	AL CAS	
TREAD DATE OF THE CASE OF THE CONTROL OF THE CONTRO		AUTHORIZATION TO TR	ANSPORT OIL AND MATOR	13 AN 16	
PRODUCTION OF FICE	OIL		300 13 10		
TRIAGO IDE  Address   Drawer 128   Hobbs, N M. 88244   Mobbs, N M.					
Texaco Inc.   Drawer 728   M. 8824s   Mobbs, N. M. M. 8824s   Mobbs, N. M.	OPERATOR			•	
Respond   No.   Drawer 728   18824	<u> </u>	<u> </u>			
Reason(s) for filing (Check proper box)   Hobbs, N M. 88244	Operator	_	_		
Reason(s) for filing (check proper box)   Reason   Reason(s) for filing (check proper box)   Reason	Address			····	
Reserving   Charge in Transporter of:   Charge in Transporter of:   Charge in Charge in Transporter of:   Charge in Charge in Transporter of:   Charge in Comencial   Charge i					
Condense   Description   Description   Contense   Description   Contense   Description   Contense   Maddens of previous owner	Reason(s) for filing (Check proper b	ox <i>)</i>	Other (Please explain)		
If change of ownership give name and address of previous owner	New Well	Change in Transporter of:			
Change of ownership give name and address of previous owner	Recompletion	Oil Dry G	· · · · · · · · · · · · · · · · · · ·	**	
DESCRIPTION OF WELL AND LEASE  Lease Name  *SKAGGS GRAYBURG ONTT  *13  SKAGGS GRAYBURG ONTS  State, Federal or Face  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 1910 - Midland, Texas  P. O. Box 1910 - Midland, Texas  State, Federal or Face  State	Change in Ownership	Casinghead Gas Conde	ensate   #3 to: Skagg	s Grayburg Unit #13.	
DESCRIPTION OF WELL AND LEASE  Lease Name  *SKAGGS GRAYBURG UNIT  *#13  SKAGGS GRAYBURG  **SKAGGS GRAYBURG  Unit Letter  B  660  Feet From The  Line and  1980  Feet From The  Line and  1	If change of ownership give name				
## SKAGGS GRAYBURG UNIT #13 SKAGGS GRAYBURG   State, Federal of Fee  ## SKAGGS GRAYBURG   Skades Grayburg   Skades Grayburg		· · · · · · · · · · · · · · · · · · ·			
# SKAGGS GRAYBURG UNIT #13 SKAGGS GRAYBURG      Well No.   Pool Name, Including Formation   Kind of Loase				,	
SKAGGS GRAYBURG UNIT   #13   SKAGGS GRAYBURG   State, Federal or Fee   Could be a company   Country   Co			ame, Including Formation	Kind of Lease	
Line of Section   13   Township   20-S   Range   37-E   NMPM,   Lea   Country	1				
Line of Section   13   Township   20-S   Range   37-E   NMPM   Lea   Countries	Location				
DESIGNATION OF TRANSPORTER OF OIL, AND NATURAL GAS	Unit Letter B 66	O Feet From The North	1980 Feet F	East	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Oil Core Condensate   Address (Give address to which approved copy of this form is to be sent)   Shell Pipe Line Company			***************************************		
Name of Authorized Transporter of Oil St.   Or Condensate   P. O. Box 1910 - Midland, Texas	Line of Section 13	ownship 20-5	37-E , NMPM,	Lea County	
Name of Authorized Transporter of Oil St.   Or Condensate   P. O. Box 1910 - Midland, Texas					
Shell Pipe Line Company    P. 0. Box 1910 - Midland, Texas	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS		
Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent)  Warren Pet. Company  If well produces oil or liquides,					
Warren Pets   Company   Lovington, New Mexico	· · · · · · · · · · · · · · · · · · ·		-		
If well produces oil or liquids, give location of tanks.  B 13 20-S 37-E YES Unknown  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Total Depth  Perforations  Top Oil/Gas Pay  Tubing Depth  Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)  Date First New Oil Hun To Tanks  Date of Test  Tubing Pressure  Casing CasinGF  C			•		
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If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  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  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceed top at able 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  GAS WELL  GAS WELL			r -	1	
Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Total Depth  Perforations  Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top at able for this depth or be for full 24 hours)  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  Gas -MCF  GAS WELL					
Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil -Bbls.  Gas-MCF		vith that from any other lease or pool,	, give commingling order number:		
Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Pool  Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceed top al able for this depth or be for full 24 hours)  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  GAS WELL  GAS WELL  Tending Test  Tubing Pressure  Casing Pressure  Choke Size		Oil Well Gas Well	New Well Workover Deeper	Plug Back   Same Res'v. Diff. Res'v	
Perforations  Tubing Casing Formation  Tubing Casing Shoe  Tubing, Casing, AND CEMENTING RECORD  HOLE SIZE  Casing & Tubing SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Casi	Designate Type of Complete	10n – (X)			
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HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  GAS WELL  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  SACKS CEMENT  SACKS CEMENT  SACKS CEMENT  Crest must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)  Choke Size  Actual Prod. During Test  Oil-Bbls.  GAS WELL		TURING CASING AN	D CEMENTING DECORD		
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Length of Test  Tubing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF	OIL WELL	able for this d	epth or be for full 24 hours)	<u>.</u>	
Actual Prod. During Test Oil-Bbls.  Gas-MCF  GAS WELL	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	is lift, etc.)	
Actual Prod. During Test Oil-Bbls.  Gas-MCF  GAS WELL					
GAS WELL	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
GAS WELL	Actual Prod. During Test	Oil - Bbls	Water - Rhie	Canadian	
Advid Ded Test MCCD	Fulling test	OII-BNIS.	water - Dots.	Gas • MCF	
Advis Deed Tree MCC (D)					
Advis Deed Tree MCC (D)	GAS WELL		,	,	
S.Str.y of Contended		Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Į l					
i esting Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
CERTIFICATE OF COMPLIANCE	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
OIL CONSERVATION COMMISSION	CENTIFICATE OF COMPENANCE		OIL CONSERVATION COMMISSION		
I hereby certify that the rules and regulations of the Oil Conservation APPROVED					
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	I hereby certify that the rules and	regulations of the Oil Consequetion	APPROVED		

(Signature)

DIST. ACCOUNTANT

JUL 1 1966
(Date)

E. H. SCOTT

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.