NO. OF COPIES REC	EIVED	İ	
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPATION OF			
Operator			

	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104	
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11	
	AND  U.S.G.S.  LAND OFFICE  AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  19 11 19			Effective 1-1-65	
				GAS	
				TH FA	
	TRANSPORTER OIL			03	
	GAS				
	OPERATOR				
1.	PRORATION OFFICE	<del>-</del>			
	Operator		**		
	TEXACO Inc.				
	Address				
	P. C. Box 72	28 Hobbe May I	Mexico 88240		
	Reason(s) for filing (Check proper box)  Other (Please explain) Change lease name, Well				
		Change in Transporter of:		o unitization from	
	Recompletion	Oil Dry G	FF		
	Change in Ownership X	Casinghead Gas Conde	ensate R. A. Butler	Well No. 2	
	Change of ownership give name 2 16 011 0				
	and address of previous owner	Gulf Oll Corporation, P.	. 0. Box 670 Hobbs, !	New Mexico 88240	
		·	•		
II.	DESCRIPTION OF WELL AND				
Lease Name Well No. Pool Name, Including Formation Kind of Lease				Lease No.	
	Eunice-Monument Unit	23 Eunlee-Graybu	ra San Andres State, Fede	eral or Fee	
	Location		<u> </u>		
	Unit Letter / J ; 198	60 Feet From The South Li	ine and 1980 Feet From	m The East	
	Unit Letter J; 198	DU Feet From The South Li	ine and 1980. Feet From	m The Losi	
	Line of Section   9 To	umahin 20 C Banas	77 E NIMENA	1.55	
	Line of Section 9 10	wnship 20-S Range	37-E , NMPM,	Lea County	
	PEGIGNATION OF TRANSPOR	MED OF OIL AND NAMEDAL G	4.0		
III.	Name of Authorized Transporter of Oil			roved copy of this form is to be sent)	
	Shell Pipe Line Company	,	P. O. Box 1910 MI	dland, Texas 79701	
	Name of Authorized Transporter of Car	<del>-</del>		roved copy of this form is to be sent)	
	Phillips Petroleum Comp			essa, Texas 79760	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	give location of tanks.	0 19 20-S 37-E	Yes	Not available	
	If this production is commingled wi	th that from any other lease or nool.	give commingling order number:		
IV.	COMPLETION DATA	any other react or poor,			
		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completic	$\operatorname{on} - (X)$		1 1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	(21, 1112), 117, 011, 616.)		1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
	Perforations			Depth Casing Shoe	
	1 011014110115			Sopiii Guong Silos	
TUBING, CASING, AND CEMENTING RECORD					
		T T			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be d		il and must be equal to or exceed top allow-	
OIL WELL 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.)				lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
	•				
		1	<del></del>		
	CAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Phile Condensate Agrico	Complete of Complete	
	Actual Prod. 1881-MCF/D	Feudui of Tage	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	I. CERTIFICATE OF COMPLIANCE		OIL CONSERV	ATION COMMISSION	
				ATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation			100000		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			ent Renner	
			BY Geologial		
			TITLE	WAAAAG.132	
			This form is to be filed in	compliance with RULE 1104.	
		4//	If this is a request for alle	owable for a newly drilled or deepened	
	Signo	11161	well, this form must be accomp	panied by a tabulation of the deviation	

(Date)

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 only Sections I, II, III, and VI 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.