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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

FILE		AND SEE SEE SE	
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT, OIL AND NATURAL G	SAS
LAND OFFICE		NSPORT OF AND NATURAL G	
OIL			
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Operator			
1 -			
TEXACO Inc.			
Address	Habba Mari Morel	co 88240	
P. O. Box 728	Hobbs, New Mexi		enge lease name, well
Reason(s) for filing (Check proper box)		Office (2 tours down motor	on due to unitization fro
New Well	Change in Transporter of:	number and operand	or due to unitization fro
Recompletion	Oil Dry Ga	=	
Change in Ownership 🐰	Casinghead Gas Conden	sate U Quapaw State #1	
			Effective 8-1-69
If change of ownership give name	Phillips Petroleum Corpo	pration P. O. Box 2130	Hobbs, New Mexico 88240
and address of previous owner			
. DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Leas	e Lease No.
Lease Name	well No. Pool ivalie, morating	State Foder	!
Eunice-Monument Unit	31 Eunice-Graybur	g Son Andres	D-1020
Location			
	O Feet From The South Lin	ne and 660 Feet From	The East
Unit Letter P; tt	<u></u>		
10 7	waship 20-S Range 3	37-E , NMPM,	Lea County
Line of Section 19 To	wnship 20-5 Range		
	OF OW AND MARKED AT CA	16	
I. DESIGNATION OF TRANSPOR	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)
Name of Authorized Transporter of Oil			
Shell Pipe Line Compar	ny	P. O. Box 1910 Mid! Address (Give address to which appro	and, Texas 7070
Name of Authorized Transporter of Ca	singhead Gas X or Dry Gas	!	
Phillips Petroleum Cor	nogation		sa, Texas 79760
	Unit Sec. Twp. Rge.	Is gas actually connected?	nen
If well produces oil or liquids, give location of tanks.	P 19 26-S 37-E	Yes	Not Available
		wine commingling order number:	
If this production is commingled wi	th that from any other lease or pool,	give comminging order names.	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Designate Type of Completi			
Designate Type of Company		Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depti.	
			Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tabling Boptin
			Depth Casing Shoe
Perforations			Depth Casing Shoe
• • • • • • • • • • • • • • • • • • • •			
	TUBING, CASING, AN	D CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TOBING SIZE		
V. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be	after recovery of total volume of load or	il and must be equal to or exceed top allo
OIL WELL	able for this c	depth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	ujt, etc.)
Data i mai mai on i mi			
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test			
	Loui Phia	Water - Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		
,			
GAS WELL			Company of Company
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)			
		211 20112	ATION COMMESCION
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSER	VATION CONCESSION
			NE WO 1994
Therefore and the the suites and	regulations of the Oil Conservation	n APPROVED	
Commission have been complied	with and that the information give		Kungan

above is true and complete to the bes

Swerintendent Assistant District (Title)

July 25, 1969

(Date)

Geologist

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 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.