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	GAS	
OPERATOR		
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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

I. Operator **TEXACO, INC.**  
Address **DRAWER 728**  
**HOBBS, NEW MEXICO 88240**

Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐ **Change in lease name.**  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>New Mexico "H" State NCT-2</b>	Well No. <b>26</b>	Pool Name, Including Formation <b>Eumont (Gas)</b>	Kind of Lease State, Federal or Fee
Location Unit Letter <b>C</b> ; <b>992</b> Feet From The <b>North</b> Line and <b>1654</b> Feet From The <b>West</b> Line of Section <b>20</b> , Township <b>20-S</b> Range <b>37-E</b> , NMPM, <b>Lea</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>None</b>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Northern Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2376 - Hobbs, New Mexico</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <b>Yes</b>	When <b>Not Available</b>

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

IV. COMPLETION DATA

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		

V. 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 allowable 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.

  
**E. H. SCOTT** (Signature)  
**DIST. ACCOUNTANT**

(Title)

**SEP 1 1967**

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

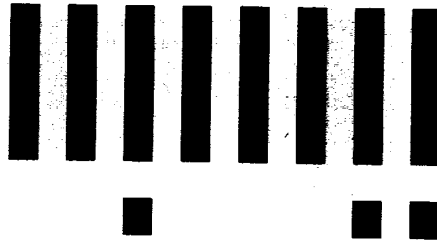
This form is to be filed in compliance with RULE 1104.

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.



**LTR**



**Job separation sheet**

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

Form C-110  
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

New Mexico State NCT-2  
Lease (11-11-55) 222-2

Company or Operator TEXACO Inc.

Well No. 26 Unit Letter C S 20 T 20-S R 37-E Pool Emmet (Gas)

County Lee Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit S T R

Authorized Transporter of Oil or Condensate None

Address \_\_\_\_\_  
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas Northern Natural Gas Company

Address P.O. Box 2376, Hobbs, New Mexico Date Connected \_\_\_\_\_

If Gas is not being sold, give reasons and also explain its present disposition:  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for Filing: (Please check proper box) New Well ( )

Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head (x) Condensate ( )

Change in Ownership ( ) Other ( )  
(Give explanation below)

Remarks:

To change Transporter's name from Permian Basin Pipe Line to Northern Natural Gas Company effective March 1, 1961.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 21st day of February 19 61

By [Signature]

Approved \_\_\_\_\_ 19 \_\_\_\_\_

Title District Accountant

OIL CONSERVATION COMMISSION

Company TEXACO Inc.

By [Signature]

Address P. O. Box 352

Title \_\_\_\_\_

Midland, Texas