

NO. OF FORMS REQUIRED \_\_\_\_\_  
DISTRIBUTION \_\_\_\_\_  
SANTA FE \_\_\_\_\_  
FILE \_\_\_\_\_  
U.S.G.S. \_\_\_\_\_  
LAND OFFICE \_\_\_\_\_  
TRANSPORTER \_\_\_\_\_  
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

**I. PRODUCTION DATA**

Well No. 1667.2  
Well Name SKAGGS GRAYBURG UNIT #16  
Reason(s) for filing (check proper box):  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Existing Well ☐ Casinghead Gas ☐ Condensate ☐  
Change in ownership ☐ Other (Please explain): \*This C-104 filed to show change in well number & lease name from Stanford #1 to: Skaggs Grayburg Unit #16.  
If change of ownership give name and address of previous owner: \*\*To show change in Operator from: Bill L. Sweet Co. to: TEXACO Inc.

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name: \*SKAGGS GRAYBURG UNIT Well No.: 16 Pool Name, including Formation: SKAGGS GRAYBURG Kind of Lease: State, Federal or Fee  
Location: Unit Letter C, 990 Feet From The East Line and 1667.2 Feet From The East Line of Section 18, Township 20-S Range 33-E, N.M.P.M. Lea County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent): Shell Pipe Line Company, P. O. Box 1910 - Midland, Texas  
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, Lovington, New Mexico  
If well produces oil or liquids, give location of tanks: Unit C Sec. 18 Twp. 20-S Rge. 33-E Is gas actually connected? YES When: Unknown

**IV. COMPLETION DATA**

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 |          | Tiring 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)

**OIL WELL**

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Put 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                | Length of Test  | Bbls. Condensate/MCF | Gravity of Condensate |
| Producing Method (pilot, back prod.) | 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.

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY E. H. SCOTT  
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.

E. H. SCOTT (Signature)  
DATE: 10/20/64  
(Title)  
1964  
(Date)