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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
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
MAR 5 3 10 PM '65
OFFICE O. C. C.

Operator TEXACO Inc.	
Address P. O. Box 728 - Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Abandon the East Weir, Blinebry Pool, and re-complete in the Skaggs-Drinkard Pool.
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

James H. ...

II. DESCRIPTION OF WELL AND LEASE

Lease Name L. R. Kershaw	Well No. 9	Pool Name, Including Formation (Skaggs-Drinkard)	Kind of Lease State, Federal or Fee	Fee
Location				
Unit Letter B	661	Feet From The North	Line and 1777	Feet From The East
Line of Section 13	Township 20-S	Range 37-E	NMPM,	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXACO Inc. (Trucks)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 728 - Hobbs, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE (TO BE CONNECTED LATER)	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 13
	Twp. 20-S	Rge. 37-E
Is gas actually connected?		When

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 OIL	Gas Well NO	New Well NEW	Workover YES	Deepen NO	Plug Back - - -	Same Res'v. ---	Diff. Res'v. YES
Date Spudded October 18, 1963	Date Compl. Ready to Prod. March 4, 1965		Total Depth 6880'		P.B.T.D. 6840'			
Pool Skaggs-Drinkard	Name of Producing Formation Drinkard		Top Oil/ Gas Pay 6854'		Tubing Depth 6879'			
Perforations Perforate one jet shot at 6854', 6856', 6858', 6860', 6875', & 6877'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		1416'		700 Sx.			
8 3/4"	2 7/8" Tubb		6879'		2080 Sx.			
8 3/4"	2 7/8" Drinkard		6879'		2080 Sx.			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 March 1, 1965	Date of Test March 4, 1965	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 100	Casing Pressure - - -	Choke Size 25/64"
Actual Prod. During Test 56xx 30	Oil - Bbls. 56xx 30	Water - Bbls. 27	Gas - MCF 497.6

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.

H. D. Raymond
H. D. Raymond (Signature)
Assistant District Superintendent

March 5, 1965

(Title)

(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.