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

Operator TEXACO Inc.	
Address P.O. Box 728 - Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	To file for allowable on Weir East Blinebry Zone.
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name E.H.B. Phillips 'C'	Well No. 1	Pool Name, including Formation Weir East Blinebry	Kind of Lease State, Federal or Fee	Lease No. -
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>North</u> Line of Section <u>10</u> Township <u>20-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	1509 West Wall Ave., Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Corp.	P.O. Box 6666, Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 10	Twp. 20-S	Rge. 37-E	Is gas actually connected? Yes	When June 7, 1969

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			X				X
Date Spudded January 1, 1965	Date Compl. Ready to Prod. January 29, 1965	Total Depth 6900'			P.B.T.D. 6100'			
Elevations (DF, RKB, RT, GR, etc.) 3621' (DF)	Name of Producing Formation Blinebry			Top Oil/Gas Pay 5827'		Tubing Depth 6900'		
Perforations Perforated w/ JSP1 @ 5827', 5829', 5850', 5857', 5859', 5885', 5891', 5916'; from 5917' to 5921', 5927', 5943', 5947', 5956', 6001', 6003', 6004', 6007' & 6009'.								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 1300'		SACKS CEMENT 600 SX.			
7-5/8"	2-7/8"		6900'		950 SX.			

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)

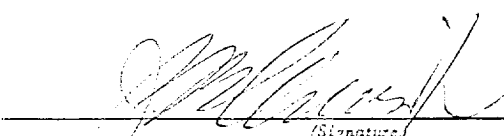
Date First New Oil Run To Tanks June 7, 1969	Date of Test June 7, 1969	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 24	Oil-Bbls. 6	Water-Bbls. 18	Gas-MCF 16.9

GAS WELL

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

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.


(Signature)
Assistant District Superintendent
(Title)
June 18, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 20 1969, 19____
BY [Signature]
TITLE PRODUCED WATER

This form is to be filed in compliance with RULE 110.

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.