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	NO. OF COPIES RECEIVED							
Γ	DISTRIBUTION	NEW MEXICO OIL CO	DISERVATION COM	AISSION	Form C-104			
_ 	SANTA FE				Supersedes Old C	-104 and C-110		
-			FOR ALLOWABLE		Effective 1-1-65			
- [FILE		AND					
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND	NATURAL GAS				
ŀ		ACTION TO THE ONE ON THE PART OF THE OWNER OW						
- 1	LAND OFFICE							
	TRANSPORTER OIL							
1	GAS							
-								
l	OPERATOR							
. [PRORATION OFFICE							
1. j	Operator							
	•							
	TEXACO Inc.							
Ì	Address							
	P. O. Box 728 - Hobbs, New Mexico 88240							
i								
	Reason(s) for filing (Check proper box)			re explain)	8 113 N B E 590	-		
ì	New Well	Change in Transporter of:		MARKET ALL		JU K		
-	1.46.4	·	_ [] DEF S	47.1	,	İ		
- 1	Recompletion	OII Dry Gas	' 📙 Notic			1		
- 1	Change in Ownership	Casinghead Gas Condens						
	endinge in Owner-outpe							
,	If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including Fo	ormation	Kind of Lease		Lease No.		
	Lease Name		0 2000	State Endered or F		_		
	C. H. Weir "A"	11 Weir Tubb Ea	st R-3995	State, Federal or F				
			<u> </u>					
	Location				77	1		
	Unit Letter G : 1980	Unit Letter G : 1980 Feet From The North Line and 2307 Feet From The East						
	Unit Letter u							
			27 13 10 10		•	County		
	Line of Section 12 Tow	mship 20-5 Range	37-E , NMP	М,	es	County		
		OF OUR AND NATURAL CA	e					
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	Address (Give address	to the barroand of	one of this form is to	he sent!		
	Name of Authorized Transporter of Oil	or Condensαte	Address (Give address	s to which approved c	opy of this form is to	de semi)		
	The Permian Corpor		1500 West W	hall Midland	Texas 79701			
			Address (Give address	to which approved o	ony of this form is to	be sent)		
	Name of Authorized Transporter of Cas	inghead Gas 🗶 💮 or Dry Gas 🦳	Address (Give address	s to water approved c	op, o, 11113 , 0 10 10			
			Lovington,	New Merico				
	Warren Petroleum (Is gas actually connec					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas detadity connec	oteu:				
	give location of tanks.	G 12 20-S 37-E	Yes	. A1	ril 22, 1970			
	T	<u></u>						
	If this production is commingled wit	th that from any other lease or pool,	give commingling ord	ler number:				
								
1 V .	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Pl	ig Back Same Rest	. Diff. Restv.		
	Designate Type of Completio		1 32	1	;			
	Designate Type of Completion	·	X					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.	B.T.D.			
	October 15, 1964	November 1, 1964	6900'		6883*	İ		
	October 1), 1904							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tu	bing Depth			
		1	(1,000		/ ^			
	1 25717 11161	ባካነንት (በ43)	hE70*		68 01 (
	3571' (DF)	Tubb (011)	6470'		6891*			
		<u> </u>		6ho31	pth Casing Shoe			
	Perforations Perforated 2-7/8	8" OD casing w/l JSPI @		6493', De				
		8" OD casing w/l JSPI @	6470', 6485',	6493',	pth Casing Shoe			
	Perforations Perforated 2-7/8	8" OD casing w/l JSPI @ 6559". TUBING, CASING, AND	6470", 6485",	6493*,	pth Casing Shoe 6891.			
	Perforations Perforated 2-7/8 6506', 6517', 6535', 6	8" OD casing w/l JSPI @ 6559". TUBING, CASING, AND	6470', 6485',	6493*,	pth Casing Shoe	ENT		
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VI.

C.			
	<u> </u>	(Signature)	
الحسمكة فالماء	D4 a4 m4 a4	Comewintendent	

Assistant District Superintendent (Title)

April 28, 1970

(Date)

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 allow-able 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.

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