

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

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

I.

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 show new completion in East Weir Blinebry
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	
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. R-3911	

II. DESCRIPTION OF WELL AND LEASE

Lease Name C. H. Weir 'B'	Well No. 6	Pool Name, Including Formation East Weir Blinebry	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter P ; 660 Feet From The East Line and 660 Feet From The South Line of Section 11 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Shell Pipe Line Company	P.O. Box 1910, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Company	Lovington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 12	Twp. 20-S	Rge. 37-E	Is gas actually connected? Yes	When November 24, 1969

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			X				X
Date Spudded January 8, 1965	Date Compl. Ready to Prod. November 24, 1969		Total Depth 6900		P.B.T.D. 6865			
Elevations (DF, RKB, RT, GR, etc.) 3574 (DF)	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5788		Tubing Depth 6896			
Perforations Perf 2-7/8" OD cas w/2 JSPI 5788, 5789, 5814, 5821; w/2 JSPI from 5851-5872; w/2 JSPI 5911, 5926, 5943, 5969, 5974, 5986, 6004; w/2 JSPI from 6021-6036.		TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe 6896				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		1411		550 sm			
7-7/8"	2-7/8"		6896		900 sx			
7-7/8"	2-7/8"		6900		900 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 November 24, 1969	Date of Test November 24, 1969	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure 200#	Choke Size 20/64"
Actual Prod. During Test 23	Oil-Bbls. 22	Water-Bbls. 1	Gas-MCF 163

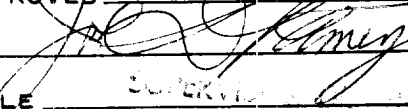
GAS WELL

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

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.


(Signature)
Assistant District Superintendent
(Title)
November 25, 1969
(Date)

OIL CONSERVATION COMMISSION
NOV 26 1969
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 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.