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U.S.G.S.		
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

I. Operator
TEXACO Inc.
Address
P. O. Box 728 - Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☒ Condensate ☐
Change in Ownership ☐
Other (Please explain)
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

If change of ownership give name and address of previous owner

Monument-Tubb East

II. DESCRIPTION OF WELL AND LEASE

Lease Name M. B. Weir "B"	Well No. 10	Pool Name, Including Formation Weir-Tubb East R-3932	Kind of Lease State, Federal or Sea Fee	Lease No. -
Location Unit Letter <u>P</u> ; <u>987</u> Feet From The <u>East</u> Line and <u>990</u> Feet From The <u>South</u> Line of Section <u>12</u> Township <u>20-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) 1509 West Wall - Midland, Texas				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Lovington, New Mexico				
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 12	Twp. 20-S	Rge. 37-E	Is gas actually connected? When Yes December 22, 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.
Date Spudded January 21, 1965	Date Compl. Ready to Prod. February 26, 1965	Total Depth 6900'	P.B.T.D. 6863'					
Elevations (DF, RKB, RT, GR, etc.) 3565' (DF)	Name of Producing Formation Tubb	Top Oil/Gas Pay 6463'	Tubing Depth 6894'					
Perforations Perforate 2-7/8" OD casing w/1 JSPI @ 6463', 6468', 6473', 6490', 6524', 6542', 6552', 6572', and 6592'. TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe 6894'						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	1400'	750 Sx.					
8-3/4"	2-7/8" (Blinebry)	6896'	1000 Sx.					
8-3/4"	2-7/8" (Tubb)	6894'	1000 Sx.					
8-3/4"	2-7/8" (Drinkard)	6896'	1000 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 December 30, 1969	Date of Test December 30, 1969	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 1575	Casing Pressure -	Choke Size 10/64"
Actual Prod. During Test 5	Oil-Bbls. 5	Water-Bbls. 0	Gas-MCF 274

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]
(Signature)

Assistant District Superintendent
(Title)

January 8, 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *[Signature]*
TITLE *SUPERINTENDENT*

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.