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|------------------|-----|--|--|
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |

AND
AL ORIZATION TO TRANSPORT OIL AND N URAL GAS

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:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) **Request temporary approval off. 8-28-74 to commingle sub-
ject well with Mittie Weatherly, Penrose
Skelly Grayburg field pending formal
approval.**
If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------|------------------------------------------------------|-----------|
| Lease Name Mittie Weatherly | Well No. 2 | Pool Name, including Formation Emico N. San Andres (Gas) | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter E ; 1980 Feet From The North Line and 990 Feet From The West Line of Section 17 Township 21-S Range 37-E , N.M.P.M., Los County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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, TX 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) El Paso Natural Gas P. O. Box 1384, Jal, NM | |
| If well produces oil or liquids, give location of tanks. | Unit F | Sec. 17 |
| | Twp. 21-S | Range 37-E |
| | Is gas actually produced? Yes | |
| | Date 8-22-74 | |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | | | | | | | X |
| Date Spudded 1-11-52 | Date Compl. Ready to Prod. 8-22-74 | Total Depth 6369' | | P.B.T.D. 5470' | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3485' BW | Name of Producing Formation Emico N. San And(Gas) | Top Oil/Gas Pay 4072' | | Tubing Depth 4050' | | | | |
| Perforations 4072-4100 | Depth Casing Shoe | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17 | 13 3/8 | | 289 | | 300 | | | |
| 11 | 8 5/8 | | 2790 | | 2000 | | | |
| 7 7/8 | 5 1/2 | | 6650 | | 350 | | | |

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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | | | |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
| | | | |

GAS WELL

| | | | |
|---------------------------------------|---------------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D 824 | Length of Test 24 hr. | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |
| Orifice meter | 1303 | 0 | 18 |

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.

OIL CONSERVATION COMMISSION
APPROVED **AUG 29 1974**, 19____
BY **[Signature]**
TITLE **SUPERVISOR DISTRICT I**
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.

Asst. Dist. Supt.

August 28, 1974

RECEIVED
JAN 10 1964
OIL COMPANY