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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  
AUG 15 3 37 PM '67

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator <b>TEXACO, INC.</b>	
Address <b>DRAWER 728</b> <b>HOBBS, NEW MEXICO 88240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in lease name.	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE	
Lease Name <b>C. H. Lockhart <del>NEET</del> Federal <del>MCT-1</del></b>	Well No. <b>10</b> Pool Name, including Formation <b>2/1/88 R-8573 Drinkard Brunson Dr. Also</b> Kind of Lease State, Federal or Fee
Location	
Unit Letter <b>H</b> ; <b>660</b> Feet From The <b>East</b> Line and <b>1980</b> Feet From The <b>North</b>	
Line of Section <b>18</b> , Township <b>22-S</b> Range <b>38-E</b> , NMPM, <b>Lea</b> County	

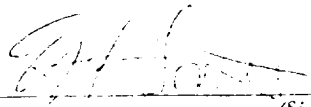
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas-New Mexico Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1510 - Midland, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1589 - Tulsa, Oklahoma</b>
If well produces oil or liquids, give location of tanks.	Unit <b>H</b> Sec. <b>18</b> Twp. <b>22-S</b> Rge. <b>38-E</b> Is gas actually connected? <b>Yes</b> When <b>September 9, 1964</b>

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 Rest'v. Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod. Total Depth P.B.T.D.
Pool	Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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	Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure Casing Pressure 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.	OIL CONSERVATION COMMISSION
 <b>E. H. SCOTT</b> <b>DIST. ACCOUNTANT</b>	APPROVED _____, 19____ BY _____ TITLE _____
<b>SEP 1 1967</b>	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 Sections I, II, III, and VI only 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.