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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SEP 28 1 23 PM '65

Operator TEXACO Inc.	
Address P. O. Box 728 - Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input checked="" 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"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name W. L. Nix	Well No. 5	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee
Location			
Unit Letter G	1960	Feet From The East	Line and 1980
Feet From The North		Line of Section 20	
Township 22-S		Range 38-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"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510 - Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1135 - Eunice, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 20	Twp. 22-S
Rge. 38-E	Is gas actually connected? YES	When September 28, 1965	

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Refracture <input type="checkbox"/>	Other <input type="checkbox"/>
Date Spudded August 26, 1965	Date Compl. Ready to Prod. September 28, 1965	Total Depth 7275'	P.B.T.D. 7271'				
Pool Drinkard	Name of Producing Formation Drinkard	Top Oil/Gas Pay 7046'	Tubing Depth 7275'				
Perforations 1 Jet shot 7046', 7050', 7057', 7072', 7087', 7099', 7124', 7140', 7188', 7195', 7200', 7205', 7217', 7236', 7242', and 7251'.			Depth Casing Shoe 7275'				
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
11"	8 5/8"	1113'	530 Sx.				
7 5/8"	2 7/8"	7275'	1200 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 September 27, 1965	Date of Test September 28, 1965	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 24 Hours	Tubing Pressure Swab	Casing Pressure ---	Choke Size Swab
Actual Prod. During Test 76	Oil-Bbls. 51	Water-Bbls. 25	Gas-MCF TSTM

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.

W. E. Morgan  
Assistant to the District Superintendent  
September 28, 1965

OIL CONSERVATION COMMISSION

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 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.