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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-194
Supersedes Old C-194 and C-195
Effective 1-1-65

Operator Catty Oil Company	
Address P. O. Box 249, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/>	Charge in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) Formerly Geo Riggs "B" #5

If change of ownership give name and address of previous owner
Tidewater Oil Company, P. O. Box 249, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name George Riggs "B"	Well No. 5	Pool Name, Including Formation Langlie-Mattix	Kind of Well Fed.
Location Unit Letter I Line of Section 1 Township 26S Range 37E Section 660 Line and Lea			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

TEMP. ABANDONED

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which duplicate copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which duplicate copy of this form is to be sent)
If well produces oil or gas, give location of tanks.	Is gas actually compressed?

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 type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug and Abandon <input type="checkbox"/> Other <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, PAP, PL, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay

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 lost 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF
Testing Method (pilot, back on)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)

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.

C. E. Wade
(Signature)
Area Superintendent
(Title)
September 30, 1967

OIL CONSERVATION COMMISSION

APPROVED **1967**, 19
BY **[Signature]**
TITLE **[Signature]**

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-194 must be filed for each pool in multiply completed wells.