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•	NO. OF COMIES MECEIVED				
٠.	NEW MEXICO OIL CONSERVATION COMMISSION Form C+104				
:					
	FILE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C- Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Supersedes Old C-104 and C- Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS CO 10 31 U.S.				
••	AND U.S.G.S. LAND OFFICE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
•	TRANSPORTER GAS	-		0/	
	OPERATOR	7		•	
ı.	PRORATION OFFICE TEVACO INC.				
	Operator TEXACO, INC.				
•	DRAWER 728				
	HOBBS, NEW MEXICO 88240				
•	Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well Change in Transporter of:				
•	Recompletion	Recompletion OII Dry Gas Change in lease name.			
•	Change in Ownership	Casinghead Gas Conder	nsate		
	If change of ownership give name				
:	and address of previous owner				
П.	. DESCRIPTION OF WELL AND LEASE Lease Name Kind of Lease				
•	G. L. Erwin "B" NCT=2	1. C.1 - 1	me, Including Formation stis-Blinebry	Kind of Lease State, Federal or Fee	
·	Location		,		
	Unit Letter 0; 330 Feet From The South Line and 1650 Feet From The East				
٠					
٠.	Line of Section 35 , Township 24-S Range 37-E , NMPM, Lea County				
III.	DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Otl	TER OF OIL AND NATURAL GA	Address (Give address to which approv	ed conv of this form is to be sent)	
	1		P. O. Box 1510 - Midla	!	
;	Texas-New Mexico Pipe Line Company P. O. Box 1510 - Midland, Texas Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to			•	
:	El Paso Natural Gas Co		P. O. Box 1384 - Jal.	New Mexico	
.•	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe		
•	give location of tanks.	J 35 24-S 37-E	Yes	une 10, 1963	
•	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
IV. COMPLETION DATA					
·	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
•		Date Comparitions, to 1 tour			
٠.	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
•					
٠	Perforations			Depth Casing Shoe	
:			CENTURY DECORD		
.•	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HUCE SIZE	CASING & FUBING SIZE	001111301	SACKS SEMENT	
•					
٠.					
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil o	and must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	etc.	
•	Date First New Oil Aun 10 lunks	Date of Test	Producing Method (1 100), pamp, god 11)	,	
•	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
:	•				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
•					
•					
	GAS WELL Totual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Studi Flod. 1881-MOLYD	Length of Text	Barol Colladia ato, Mario.		
•	resting Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION	
• • •					
٠.	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED, 19		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		TITLE		
•					
•					
:	Call on		This form is to be filed in compliance with RULE 1104.		
•	15/1/ \$2654]		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.		
	E. H. SCOTT (Signature)				
	MST. ACCOUNTANT (Title)		All sections of this form must be filled out completely for allow-		
•	SEP 1 1967		while on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner,		
			well name or number, or transport	well name or number, or transporter, or other such change of condition.	
	·		Separate Forms C-104 must be filed for each pool in multiply		