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U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
Form C-104
Supersedes Old C-104 and C-110
Enacted 1-1-65
JAN 19 53 PM '65

I. **APPROVAL**
By TEXACO Inc.
Address P. O. Box 728, Hobbs, New Mexico
Reasons for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Casinghead Gas ☐ Oil ☐ Dry Gas ☐
Condensate ☐

If change of ownership give name and address of previous owner _____

II. **DESCRIPTION OF WELL AND LEASE**

Lease Name <u>G. L. Erwin "B" NCT-2</u>	Well No. Pool Name, Including Formation <u>1 Justis Blinebry</u>	Kind of Lease State, Federal or Free
Location Unit Letter <u>P</u> <u>660'</u> Feet From The <u>south</u> Line and <u>660'</u> Feet From The <u>east</u> Line of Section <u>35</u> Township <u>24-S</u> Range <u>37-E</u> NMPM, <u>Lea</u> 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"/> <u>Texas-New Mexico Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1510, Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1384, Jal, New Mexico</u>
If well produces oil or liquids, give location of tanks. Unit <u>J</u> Sec. <u>35</u> Twp. <u>24-S</u> Rge. <u>37-E</u>	Is gas actually connected? <u>Yes</u> When <u>November 18, 1965</u>

If this production is commingled with that from any other lease or pool, give commingling order number: PC-80

IV. **COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	Oil	No	New	New	New	New	New	New
Date Spudded <u>May 18, 1961</u>	Date Compl. Ready to Prod. <u>November 18, 1965</u>		Total Depth <u>8565'</u>			P.B.T.D. <u>8100'</u>		
Pool <u>Justis Blinebry</u>	Name of Producing Formation <u>Blinebry</u>		Top of XXX Pay <u>5303'</u>			Tubing Depth <u>5600'</u>		
Perforations <u>Perforate 7" O.D. casing with 1 Jet Shot at 5303', 5333', 5350', 5404', 5420', 5442', 5464', 5480', 5486', 5534', 5546', 5562'</u>						Depth Casing Shoe <u>8564'</u>		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
<u>17-1/2"</u>	<u>13-3/8"</u>		<u>990'</u>			<u>800 SX</u>		
<u>12-1/4"</u>	<u>9-5/8"</u>		<u>3780'</u>			<u>1700 SX</u>		
<u>8-5/8"</u>	<u>7"</u>		<u>8564'</u>			<u>1100 SX</u>		

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 <u>November 17, 1965</u>	Date of Test <u>November 18, 1965</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 Hours</u>	Tubing Pressure <u>800</u>	Casing Pressure <u>--</u>	Choke Size <u>16/64"</u>
Actual Prod. During Test <u>19</u>	Oil-Bbls. <u>1</u>	Water-Bbls. <u>18</u>	Gas-MCF <u>1161</u>

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.

Dan Gillett
Assistant District Superintendent

November 19, 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 _____