NO. OF COPIES RECEIVED			
DISTRIBUTION		NSERVATION COMMISSION	Form C-104
SANTA FE	DECLIEST FOR ALLOWARIE Supersedes Old C-104 and C-1		
FILE	HOBBES OF THE G. C. C.	AND	c
U.S.G.S.	AUTHORIZAŢĮQŊ"IU IKAI	NSPORT OIL AND NATURAL GA	•
LAND OFFICE	-Aug 25 10 37 AM 'b/		
RANSPORTER GAS	-		
OPERATOR			
PRORATION OFFICE			
perator	TEXACO Inc	•	
Address	P. O. Box	728 - Hobbs, New Mexico	88240
Reason(s) for filing (Check proper b		Other (Please explain)	
lew Well	Change in Transporter of:	Change in lease	name.
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	<u></u>	
change of ownership give name address of previous owner			
DESCRIPTION OF WELL AN	D LEASE	ne, Including Formation	Kind of Lease
ease Name	4.67-11	Justis Waddell	State, Federal or Fee
G. L. Erwin "B" NOT	2 Tederal J North		
	P80 Feet From The South Line	and 330 Feet From Ti	e East
Unit Letter	_	27.8	Lea County
Line of Section 35 .	Township 24-S Range	37-E , NMPM,	Dea county
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of	Oil or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)
SHUT IN		Address (Give address to which approve	ed copy of this form is to be sent)
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give dadress to which approximately	
SHUT IN	Unit Sec. Twp. Rge.	Is gas actually connected? , When	n •
If well produces oil or liquids, give location of tanks.	Sint Post	1	
-	with that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'
Designate Type of Compl			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
•			Tubing Depth
Pool	Name of Producing Formation	Top Oil/Gas Pay	
Destaurations			Depth Casing Shoe
Perforations			
	TUBING, CASING, AND	CEMENTING RECORD	CACYC CENENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
•			
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil c epth or be for full 24 hours)	and must be equal to or exceed top all
OIL WELL Date First New Oil Run To Tanks	dote for time co	Producing Method (Flow, pump, gas lif	t, etc.)
INGI 6 I ILEI NGM OII LIII 10 I TUKE			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		Water - Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.	HATEL - PATO.	
GAS WELL			1
Actual Prod, Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Casing Pressure	Choke Size
lesting Method (pitot, back pr.)	Tubing Pressure	Custing Freesure	
denmeroame of court	IANCE	OIL CONSERVA	TION COMMISSION
CERTIFICATE OF COMPL	MINUE		· · · · · · · · · · · · · · · · · · ·
 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. 		APPROVED	, 19
above is true and complete to	· ····· · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
- , 0		TITLE	the second to th
GAA		This form is to be filed in	compliance with RULE 1104.
177/1 (30)		If this is a request for allow well, this form must be accompa	vable for a newly drilled or deepe
	(Signature)	well, this form must be accomped tests taken on the well in accomp	nied by a tabulation of the devia

E. H. Scott
District Accountant

Sept. 1, 1967

(Title)

(Date)

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