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U.S.G.S.		
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
*Langlie Mattix Pool, 319 B. Hwy Pool,
C.C. Fristoe "b"NCT-2 #4 C.C. Fristoe "A"NCT-1 #10
C.C. Fristoe "b"NCT-2 #5 C.C. Fristoe "A"NCT-1 #11
C.C. Fristoe "B"NCT-2 #6
C.C. Fristoe "B"NCT-2 #8
C.C. Fristoe "B"NCT-2 #9
C.C. Fristoe "B"NCT-2 #11

I. Operator TEXACO Inc.
Address P. O. Box 728 - Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
*Request verbal permission to Commingle as above, and show Gas Transporter. Effective September 1, 1965
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name C. C. Fristoe "b" NCT-2	Well No. 4	Pool Name, Including Formation Langlie-Mattix	Kind of Lease State, Federal or Fee
Location Unit Letter A ; 660 Feet From The East Line and 660 Feet From The North Line of Section 35 , Township 24-S Range 37-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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1384 - Jal, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 35	Twp. 24-S	Rge. 37-E	Is gas actually connected? YES	When NOT AVAILABLE

If this production is commingled with that from any other lease or pool, give commingling order number: Applied For

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
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 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.

E. H. Scott (Signature)
District Accountant (Title)
August 30, 1965 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Joe L. Ramirez
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.