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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISS.  
REQUEST FOR ALLOWABLE  
AND OFFICE O. C. C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator El Paso Natural Gas Company	
Address 2000 Wilco Building Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gregory Federal	Well No. Pool Name, Including Formation 2-1/ Crosby Devonian	Kind of Lease State, Federal or Fee Federal
Location Unit Letter C ; 760 Feet From The North Line and 1650 Feet From The West Line of Section 33 , Township 25 S Range 37 E , NMPM, Lea County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> 87 1/2 Tex-N.M.Pl.Co., 12 3/4 Famariss Oil Co.	Address (Give address to which approved copy of this form is to be sent) Tex-N.M.-221 N. Colorado, Midland, Texas Famariss - P. O. Box 980 - Hobbs, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 2000 Wilco Building - Midland, Texas
If well produces oil or liquids, give location of tanks. Unit C Sec. 33 Twp. 25 Rge. 37	Is gas actually connected? When yes 8/19/56

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						
Date Spudded 5/16/56	Date Compl. Ready to Prod. 7/8/56	Total Depth 8170	P.B.T.D.					
Pool Crosby	Name of Producing Formation Devonian	Top Oil/Gas Pay 7980	Tubing Depth 8108					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	13 3/8	542	500
	9 5/8	3633	3450
	7	8170	300
	2 1/2	8108	-

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 102,000 (After acidizing)	Length of Test 8 hrs. 45 mins	Bbls. Condensate/MMCF 3	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure 2690	Casing Pressure 2786	Choke Size 3 1/2" orifice

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.

OIL CONSERVATION COMMISSION	
APPROVED	19
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.

1 Production Clerk

1967

(Title)

(Date)