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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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

4 29 PM '65

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)
***Filed North Tubb-J**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name G. L. Erwin 'a'	Well No. 3	Pool Name, including Formation *Justis Tubb-Drink
Location Unit Letter M ; 990 Feet From The South Line and 990 Line of Section 35 , Township 24-S Range 37-E , N.M.		

Kind of Lease State, Federal or Fee
Feet From The West
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	Address (Give address) P.O. Box 1510
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) P.O. Box 1384
If well produces oil or liquids, give location of tanks. Unit M Sec. 35 Twp. 24-S Rge. 37-E	Is gas actually connected? Yes

Which approved copy of this form is to be sent to Midland, Texas
Which approved copy of this form is to be sent to Jal, New Mexico
When 8-21-63

If this production is commingled with that from any other lease or pool, give commingling or

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover
Date Spudded	Date Compl. Ready to Prod.	Total Depth		
Pool	Name of Producing Formation	Top Oil/Gas Pay		
Perforations				
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH		

Deepen	Plug Back	Same Res'v.	Diff. Res'v.
P.B.T.D.			
Tubing Depth			
Depth Casing Shoe			
SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of oil for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow test, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

Choke Size
Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MV
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure

Gravity of Condensate
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
July 12, 1965 (Date)

OIL
APPROVED
BY
TITLE

This form is
If this is a retest well, this form must be filed in compliance with RULE 1104.
All sections must be filled out completely for allowable on new and
Fill out Section I, II, III, and VI only for changes of owner, transporter, or other such change of condition.
Separate Form C-104 must be filed for each pool in multiply completed wells.

CONSERVATION COMMISSION
, 19
This form is filed in compliance with RULE 1104.
If this is a retest well, this form must be accompanied by a tabulation of the deviation from the allowable in accordance with RULE 111.
This form must be filled out completely for allowable on new and multiply completed wells.
Fill out Section I, II, III, and VI only for changes of owner, transporter, or other such change of condition.
Form C-104 must be filed for each pool in multiply completed wells.