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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
Effective 1-1-65

1 24 11 '55

I. **Company**
Texaco Inc.
Address
P. O. Box 728 - Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain) _____

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

II. **DESCRIPTION OF WELL AND LEASE**

Lease Name J. F. Black	Well No. 5	Pool Name, including Formation Lanslie-Mattix	Kind of Lease State, Federal or Fee
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>2020</u> Feet From The <u>West</u> Line of Section <u>21</u> , Township <u>24-S</u> Range <u>37-E</u> , 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 <u>F</u> Sec. <u>21</u> Twp. <u>24-S</u> Rge. <u>37-E</u>	Is gas actually connected? <u>YES</u> When <u>September 27, 1965</u>

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.
	<input checked="" type="checkbox"/> OIL	<input type="checkbox"/> GAS	<input type="checkbox"/> NEW	<input type="checkbox"/> WORKOVER	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> SAME RES'V.	<input type="checkbox"/> DIFF. RES'V.
Date Spudded August 27, 1965	Date Compl. Ready to Prod. September 25, 1965	Total Depth 3700'	P.B.T.D. Open Hole - 3421'-3700'					
Pool Lanslie-Mattix	Name of Producing Formation Queen	Top Oil/Gas Pay 3421'	Tubing Depth 3490'					
Perforations Open Hole 3421' to 3700'			Depth Casing Shoe 3421'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9 7/8"	7"	2521'	250 Sx.					
6 1/4"	4 1/2"	3421'	150 Sx.					

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 September 24, 1965	Date of Test September 25, 1965	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure Pump	Casing Pressure ---	Choke Size Pump
Actual Prod. During Test 1	Oil - Bbls. 1	Water - Bbls. NONE	Gas - MCF NONE

GAS WELL

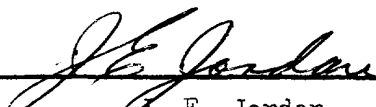
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

I. **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.
W. E. Morgan (Signature)
Assistant to the District Superintendent (Title)
September 27, 1965 (Date)

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 multiply completed wells.


SEP 23 1 29 PM '65

I, J. E. Jordan, being of lawful age and being the
Field Foreman for TEXACO Inc., do state that
the deviation record which appears on this form is true and correct to
the best of my knowledge.


J. E. Jordan

Subscribed and sworn to before me this the 17th day of September,
19 65.

My commission expires October 20, 1966.


R. E. Johnson
Notary Public in and for Lea County,
State of New Mexico.

Lease J. F. Black Well No. 5

DEVIATION RECORD

<u>DEPTH</u>	<u>DEGREES C. F</u>
250'	1/4
754'	1/4
1117'	1/2
1610'	1 1/2
1814'	1
2049'	3/4
2660'	1 1/2
2900'	2 3/4
3090'	3
3180'	3
3295'	3
3444'	2 3/4
3575'	2 1/4
3700'	2