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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISS.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUG 31 3 18 PM '65

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

*Langlie Mattix Pool,
C.C. Fristoe "b" NCT-2 #4
C.C. Fristoe "b" NCT-2 #5

Justis Blinebry Pool,
C.C. Fristoe"a" NCT-1 #10
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 [ ]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [X]
Casinghead Gas [ ]
Dry 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	Well No.	Pool Name, Including Formation	Kind of Lease
C. C. Fristoe "A" NCT-1	10	Justis Blinebry	State, Federal or Fee

Location
Unit Letter E ; 660 Feet From The West Line and 2080 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 [X] or Condensate [ ]: **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 [X] or Dry Gas [ ]: 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	35	24-S	37-E	YES	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 **Change from The Permian Corporation.			**Depth Casing Shoe**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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 _____
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.