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SANTA FE	NEW MEXICO CIL	CONSERVATION COMMISSION FOR ALLOWABLE CONTROL AND	Form C=104 Supersedes Old C=104 and C=1	
FILE		AND	U. D. D. Effective 1-1-65	
LAND OFFICE	AUTHORIZATION TO TR	CANSPORT OIL AND HATURAL	GAS	
RANSPORTER		0 27	m b/	
. GAS				
PRORATION OFFICE	TEVACO	lina.		
Operator	TEXACO,			
Address	DRAWER			
	HOBBS, NEW MEX	XICO 88240		
Reason(s) for filing (Check proper L	Change in Transporter of:	Other (Please explain)		
Recompletion	Oil Dry G	Gas Change in lea	se name	
Change in Ownership	Casinghead Gas Conde	ensate		
. If change of ownership give name	•			
and address of previous owner				
DESCRIPTION OF WELL AN				
C. C. Fristoe "B"	1 1	ame, Including Formation ISTIS Blinebry	Kind of Lease State, Federal or Fee	
Location	NOT-2			
Unit Letter J ; 23	Feet From The South Li	ne and 2310 Feet From	The East	
Line of Section 26	Fownship 24-S Range	37-E , NMPM,	Lea County	
20 7	Township Z4-3 Hands		L83 County	
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA			
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		
•	Casinghead Gas 🔀 or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)	
El Paso Natural Gas	Unit Sec. Twp. Rge.	P. O. Box 1384 - Jal	New Mexico	
If well produces oil or liquids, give location of tanks.	A 35 24-S 37-E		March 22, 1967	
If this production is commingled	with that from any other lease or pool,	give commingling order number:	PLC=22	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Comple	tion – (X)	l l	l l l l	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Fool ·	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD	<u> </u>	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST OIL WELL		ifter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-	
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	
resting Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
•				
CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	ATION COMMISSION	
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.		APPROVED		
			, , , , , , , , , , , , , , , , , , , ,	
soove is true and complete to t	ne best of my knowledge and belief.			
		TITLE		
MA State		This form is to be filed in compliance with RULE 1104.		
(Signature)		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		
E. H. SCOTT DIST. ACCOUNTANT		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.		
FP 1 1967 (Title)				
)	(Date)		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.	
•	- <i>t</i>	Separate Forms C-104 mus	at be filed for each pool in multiply	
		completed wells.		