

DISTRIBUTION	
ANTA FE	
ILE	
S.G.S.	
AND 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-111
Effective 1-1-65

I.

Operator TEXACO Inc.	
Address P.O. Box 728 Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name CC Fristoe B Fed NCT-2 13	Well No. Pool Name, including Formation Langlie-Mattix	Kind of Lease State, Federal or Fee Fed	Lease No. NM-14218
Location Unit Letter 0 990 Feet From The South Line and 1979 Feet From The East Line of Section 26 Township 24-S Range 37-E 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"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Company	P.O. Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P.O. Box 1384, Jal, New Mexico 88240
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 05-24-77

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

PLC-22

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 3-31-67	Date Compl. Ready to Prod. 5-24-77		Total Depth 6115'		P.B.T.D. 3505' (Langlie Matti			
Elevations (DF, RKB, RT, GR, etc.) 3188' (DF)	Name of Producing Formation Langlie-Mattix		Top Oil/Gas Pay 3366'		Tubing Depth 3341'			
Perforations 2-7/8" OD csg perforated w/-JSPF fr 3366'-3371', 3373'					Depth Casing Shoe 6115'			
3379', 3382', 3385', 3388', 3425', 3422', & W/2-JSPF @ 3447', 56', and 3461'.					TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9 5/8"		949'		665			
8-3/4"	3 1/2"		6111'		1200			
8-3/4"	2 7/8"		5145'		1200			

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)

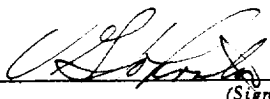
Date First New Oil Run To Tanks 5-24-77	Date of Test 5-24-77	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 1	Water-Bbls. 3	Gas-MCF 4

GAS WELL

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



(Signature)

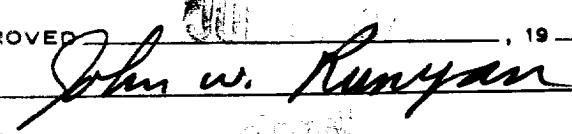
Assistant Dist. Superintendent

(Title)

June 1, 1977

(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 only Sections I, II, III, and VI 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.

RECEIVED

JUL 1971

U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C.