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SANTA FE		!	
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	İ	
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1. Lifective 1-1-65
FILE		AND	massative 1-1-03
U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	G437
LAND OFFICE			. 31
FRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE	TEXACO,	INC.	·
Operator	DRAWER		
Address	HOBBS, NEW ME)		
Reason(s) for filing (Check proper bo		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Go	s Change in leas	se name.
Change in Ownership	Casinghead Gas Conder	— I	•
4		······································	
If change of ownership give name and address of previous owner			
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		
Lease Name	1 1	me, Including Formation	Kind of Lease
C. C. Fristoe "B" N		stis Blinebry	State, Federal or Fee
Location	NCT-Z		
Unit Letter 0; 99	90 Feet From The South Lin	e and 1979 Feet From	The East
			_
Line of Section 26 , To	ownship 24-S Range	37-E , NMPM, Le	3a County
Name of Authorized Transporter of O	RTER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)
1	. — .	,	
Texas-New Mexico Pipe	asinghead Gas [X] or Dry Gas	P. O. Box 1510 - Mid Address (Give address to which appro	wed copy of this form is to be sent)
El Paso Natural Gas (P. O. Box 1384 - Jal	
El Faso Marurar das (Unit Sec. Twp. Rge.		nen
If well produces oil or liquids, give location of tanks.	A 35 24-S 37-E	Yes	May II, 1967
	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'
Designate Type of Complet	ion = (X)	1 1	† † † † † † † † † † † † † † † † † † †
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		1	Depth Casing Shoe
•			
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
,			

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

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

APPROVED

VI, CERTIFICATE OF COMPLIANCE

V. TEST DATA AND REQUEST FOR ALLOWABLE

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.

(Title)

(Date)

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.

OIL CONSERVATION COMMISSION

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.