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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS
OPERATOR	4
REGISTRATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
Supersedes OIL C-104 and C-110  
Effective 1-1-65

**RECEIVED**

**MAY 15 1967**

**O. C. C.**  
**ARTESIA, OFFICE**

Operator	Ray Smith Drilling Company ✓
Address	3300 Republic Bank Building, Dallas, Texas
Reason(s) for filing (Check proper box)	Other (Please explain) Change in name of Operator only from Ray Smith, effective May 1, 1967.
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner Change in operating name only (same ownership).

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<del>C. A. Ring</del>	1	Linda San Andres	State, Federal or Fee Fee	--
Location				
Unit Letter C	1659.3	Feet From The W	line and 330	Feet From The N
Line of Section 32	Township 6S	Range 26E	, NMPM, Chaves 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)					
The Permian Corporation	P. O. Box 3119, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	32	6	26	No	

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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RRS, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	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 lead 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	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. Total - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (Flow, gas lift, etc.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	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.

Neil M. Hefflin  
Neil M. Hefflin, Agent  
May 12, 1967

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 1967  
BY W. A. Grasset  
TITLE OIL AND GAS OPERATOR

This form is to be filed in compliance with RULE 100.  
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 O-104 must be filed for each pool. In multiply