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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED

JUL 26 1965

O. C. C. ARTERIA OFFICE

I. Operator: Allen N. Daniels

Address: 1109 N. Ward, Artesia, N. M.

Reason(s) for filing (check proper box):  
 New Well  
 Recompletion  
 Change in Ownership  
 Change in Transporter of:  
 Oil  
 Gas  
 Casinghead Gas  
 Dry Gas  
 Condensate

Other (Please explain):

If change of ownership give name and address of previous owner: Tom Boyd, 510 West Texas, Artesia, N.M.

### II. DESCRIPTION OF WELL AND LEASE

Lease Name: Southern Union Well No./ Pool Name, including Formation: 1 Loco Hills Grayburg-3.A. Kind of Lease: Federal

Location: Unit Letter A, 330 Feet From The North Line and 330 Feet From The East

Line of Section 18, Township 18S, Range 30E, NMPM, Eddy County

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate   
Texas-New Mexico Pipeline 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  or Dry Gas   
none Address (Give address to which approved copy of this form is to be sent):

If well produces oil or liquids, give formation of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>A</u>	<u>18</u>	<u>18</u>	<u>30</u>	<u>No</u>	

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.
<input checked="" type="checkbox"/>								
Date of Test	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Feet	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 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)

Name 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.

Allen N. Daniels  
(Signature)

owner  
(Title)

7-23-65  
(Date)

OIL CONSERVATION COMMISSION

JUL 26 1965

APPROVED \_\_\_\_\_, 19\_\_

BY M. S. Armstrong

TITLE OIL AND GAS INSPECTOR

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.

