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LAND OFFICE	
TRANSPORTER	OIL /
	GAS
OPERATOR	
PRODUCTION 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-110
Effective 1-1-65

CHANGE (P)

RECEIVED

APR 18 1966

Operator	Pioneer Production Corporation	OK. [Signature]	O. C. C. ARTESIA, OFFICE
Address	P. O. Box 2542, Amarillo, Texas		
Reason(s) for filing (check proper box)	Other (Please explain)		
New Well	Change in Transporter of:	Change of operator from Paul E. Haskins to Pioneer Production Corporation.	
Recompletion	Oil	Dry Gas	
Change in Ownership	Casinghead Gas	Condensate	

If change of ownership give name and address of previous owner Previous Operator: Paul E. Haskins

II. DESCRIPTION OF OIL WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Southern Federal	4	Hackberry Yates, North	State, Federal or Fee Federal	NM 06814
Location				
Unit Letter	K	2310 Feet From The South Line and 2278 Feet From The West		
Line of Section	30	Township 19S	Range 31E	NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipe Line Company	P. O. Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas or Dry Gas	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
	A	30	19S	31E	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'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DS, RKB, 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 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Ebbl.	Water-Ebbl.	Gas-MCF
SP. GRAVITY			
Actual Prod. Test-MCF/D	Length of Test	Ebbl. Condensate/MMCF	Gravity of Condensate
Testing Method (Flow, back pr.)	Tubing Pressure (Static-In)	Casing Pressure (Static-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)
Production Supt.

(Date)
April 8, 1966

(Title)

OIL CONSERVATION COMMISSION

APR 18 1966

APPROVED _____, 19____

BY W. A. Gressett

TITLE [Signature]

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.