

SANITARY
FILE
UNRECORDED
LAND OFFICE
TRANSPORTER
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

RECEIVED

MAR 19 1965

Tenneco Oil Company

O. C. C.
ARTESIA, OFFICE

Box 1031, Midland, Texas

Other (Please explain)

Change in Transporter of:

Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Change transporter of oil from
The Permian Corp., effective 3-11-65

If change of ownership, give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well No.	2	Well Name, including Formation	Lusk Strawn <i>Strawn</i>	Kind of Lease	State, Federal or Fee	Federal	
Location	Jones Federal						
Section	1650	Feet From The	North	Line and	1650	Feet From The	East
Range	19-S	Range	31-E	NMPM,	Eddy	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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 Pipe Line Company	Box 1510, Midland, Texas				
Name of 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)				
Phillips Petroleum Company	Room B-2, Phillips Bldg., Odessa, Texas				
Unit	Sec.	Twp.	Range	Is gas actually connected?	When
G	25	19-S	31-E	yes	11-20-63

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 Compl. Ready to Prod.		Total Depth		P.B.T.D.			
	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
					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)

Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Tubing Pressure	Casing Pressure	Choke Size
Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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.

R.O. Bowery
(Signature) R.O. Bowery
District Office Supervisor
(Title)
March 17, 1965
(Date)

OIL CONSERVATION COMMISSION

MAR 26 1965

APPROVED _____, 19

BY *M.L. Armstrong*
OIL AND GAS INSPECTOR

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 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