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TRANSPORTER	OIL
	GAS
OPERATOR	3
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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  
OCT 15 1969  
O. S. C.  
ARTESIA, OFFICE

I. Operator **Robert H. Birdwell**  
Address **559 The Main Bldg., Houston, Texas 77002**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
If change of ownership give name and address of previous owner **Quasar, Incorporated, P.O. Box 266, Evansville, Indiana**

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Turkey Track Sec. 3 Unit** Well No. **12** Pool Name, Including Formation **Turkey Track Queen Grayburg** Kind of Lease **WATERFLOODING** Lease No. **B-7950-23**  
Location  
Unit Letter **K** ; **1325** Feet From The **South** Line and **2635** Feet From The **West**  
Line of Section **3** Township **19** Range **29** , NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☐  
**Not applicable - water injection well**  
Address (Give address to which approved copy of this form is to be sent)  
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

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, 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 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 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 (shut-in) Casing Pressure (shut-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.  
**Robert H. Birdwell**  
Owner  
October 10, 1969  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED **W. A. Gressett**, 19  
BY  
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 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.

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

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Operator			
Address			
Reason(s) for filing (check proper box)			
New Well	<input type="checkbox"/>	Change in Transportation	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Gas	<input type="checkbox"/>
Change in Transportation	<input type="checkbox"/>	Condensate	<input type="checkbox"/>
Other (Please explain)			

If change of ownership give name and address of previous owner

Lease Name	Well Name, Pool Name, Including Formation	Kind of Lease	Lease No.
		State, Federal or Free	
Location			
Section, Township, Range, NMNM, County			
Foot from The Line and Foot from The			

II. DESCRIPTION OF WELL AND LEASE

Name of authorized transporter of oil	<input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of authorized transporter of 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 gas	Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Is gas actually connected? When

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

If this production is commingled with that from any other lease or pool, give commingling order number	
Designate Type of Completion - (X)	
Oil Well	<input type="checkbox"/>
Gas Well	<input type="checkbox"/>
New Well	<input type="checkbox"/>
Workover	<input type="checkbox"/>
Deepen	<input type="checkbox"/>
Blind Plug	<input type="checkbox"/>
Some Restrict	<input type="checkbox"/>
DMR Restrict	<input type="checkbox"/>
Date Spudded	
Date Comm. Ready to Prod.	
Name of producing formation	Top Oil/Gas Pay
Perforations	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPT. SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

Actual Prod. Test-MOP	Oil-SPB	Water-SPB	Gas-MOP
Leak-off Test	Leak-off Pressure	Casing Pressure	Coke Size
Flow Test	Flow Rate	Producing Method (Flow, pump, gas lift, etc.)	

GAS WELL

Actual Prod. Test-MOP	Leak-off Test	Leak-off Pressure	Casing Pressure	Flow Test	Flow Rate
Leak-off Test	Leak-off Pressure	Casing Pressure	Flow Test	Flow Rate	Producing Method (Flow, pump, gas lift, etc.)

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APPROVED	
BY	
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