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 LAND OFFICE  
 TRANSPORTER  OIL  
 GAS  
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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

I. **Company Name:** Austral Oil Company Company Incorporated  
**Address:** 2700 Humble Building, Houston, Texas 77002  
**Reason(s) for filing (Check proper box):**  
 New Well  Change in Transporter of:  
 Recompletions  Oil  Dry Gas  To replace old forms previously filed.  
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. **DESCRIPTION OF WELL AND LEASE**  
**Lease Name:** Charles et al  
**Well No. Pool Name, including Formation:** 1 basin-dakota  
**Kind of Lease:** Federal  
**Location:**  
 Unit Letter J 1,450 Feet From The South Line and 1,450 Feet From The East  
 Line of Section 12, Township 27-N Range 9-W, NMPM, San Juan County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
**Name of Authorized Transporter of Oil  or Condensate**  Wood Petroleum Marketers Address (Give address to which approved copy of this form is to be sent) 1205 Camino, Farmington, New Mexico  
**Name of Authorized Transporter of Casinghead Gas  or Dry Gas**  El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas  
 If well produces oil or liquids, give location of tanks. Unit J Sec. 12 Twp. 27-N Rge. 9-W Is gas actually connected? Yes When 6-11-65

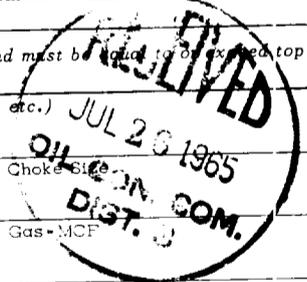
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

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"/>	<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>3-4-65</u>	<u>3-17-65</u>		<u>6659'</u>		<u>6592'</u>			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>basin-dakota</u>	<u>Dakota</u>		<u>6354'</u>		<u>6331'</u>			
Perforations <u>6354'-6371'</u> , <u>6372-84'</u> , <u>6431-70'</u> , <u>6490-6502'</u> , <u>6506-14'</u> , <u>6513-28'</u> , <u>6532'-40'</u> , <u>6546-58'</u> , <u>6563-80'</u> .					Depth Casing Shoe			
					<u>6658'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4"</u>	<u>8-5/8"</u>		<u>335'</u>		<u>275</u>			
<u>7-7/8"</u>	<u>4-1/2"</u>		<u>6658'</u>		<u>620-2-1-1/4" DW Tools</u>			
	<u>1-1/4"</u>		<u>6331'</u>					

V. **TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of load oil and must be held to desired 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
<u>1,580</u>	<u>3 hrs.</u>	<u>9.2</u>	<u>55.1°</u>
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
<u>Back Pressure</u>	<u>520#</u>	<u>1140#</u>	<u>Adj.</u>

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.  
Marvin E. Smith (Signature)  
Senior Staff Engineer (Title)  
July 21, 1965 (Date)

OIL CONSERVATION COMMISSION  
 APPROVED JUL 21 1965, 19\_\_\_\_  
 BY Original Signed Emery C. Arno  
 TITLE Supervisor Dist. # 3  
 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 completed wells.