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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRORATION 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

I. Operator
Crown Central Petroleum Corporation
Address
1010 Bank of the Southwest Bldg., Houston, Texas 77002
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recommendation ☐ Oil ☐ Dry Gas ☐
Change in ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change in ownership give name and address of previous owner
Sunset International Petroleum Corporation
2400 Fidelity Union Tower, Dallas, Texas 75201

II. DESCRIPTION OF WELL AND LEASE
Lease Name Martin c Federal Well No. 1 Pool Name, Including Formation Basin Dakota Kind of Lease State, Federal or Fee Fed. Lease No. SF077382 & SF046563
Location
Unit Letter B 990 Feet From The North Line and 1850 Feet From The East
Line or Section 3 Township 27N Range 10W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Plateau, Inc. Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Southern Union Gathering Co. Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower, Dallas, Texas
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Pge. Is gas actually connected? When

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 Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DE, 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 (pilot, 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.
H. R. Thompson
(Signature)
Agent
(Title)
OIL CONSERVATION COMMISSION
NOV 3 1971
APPROVED
BY Original Signed by Emery C. Arnold
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 or non-completed wells.