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LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
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
 Operator **I. D. Nightingale**
 Address **Box 630, Farmington, N. M. 87401**
 Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership Change in Transporter of: Oil Gas Dry Gas Condensate Other (Please explain) **To change operator from Humble Oil Co. to I. D. Nightingale, also, name of well**

If change of ownership give name and address of previous owner **Humble Oil & Refining Co., Box 120, Denver, Colorado 80201**

II. DESCRIPTION OF WELL AND LEASE
 Lease Name **Waterflow** Well No. **1** Pool Name, Including Formation **Waterflow Gallup** Kind of Lease **Ind.#12** Lease No.
 Location Unit Letter **B** ; **660** Feet From The **north** Line and **1980** Feet From The **east**
 Line of Section **19** Township **29N** Range **15W** , NMPM, **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate **The Permian Corporation** Address (Give address to which approved copy of this form is to be sent) **Box 3119, Midland, Texas 79704**
 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 **B** Sec. **19** Twp. **29N** Rge. **15W** Is gas actually connected? **Vented** 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 (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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)

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.
 Original signed by **T. A. Dugan**

 Agent (Signature)

 (Title)
5/8/69

 (Date)

OIL CONSERVATION COMMISSION
 APPROVED **MAY 9 1969**
 BY **Original Signed by Emery C. Arnold**
 TITLE **SUPERVISOR DIST.**
 This form is to be filed in compliance with R1
 If this is a request for allowable for a newly well, this form must be accompanied by a tabular tests taken on the well in accordance with R1
 All sections of this form must be filled out on new and recompleted wells.
 Fill out only Sections I, II, III, and well name or number, or transporter, or other
 Separate Forms C-104 must be filed on completed wells.

