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U.S.G.S.	
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 I. D. Nightingale	
Address Box 630, Farmington, N. M. 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	To change operator from Humble Oil Co. to I. D. Nightingale, also, name of well
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/> & Name	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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 State, Federal or Fee 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation	Box 3119, Midland, Texas 79704	
Name of Authorized Transporter of Casinghead 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 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	Choke
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Drawdown
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.

Original signed by T. A. Dugan

(Signature)

Agent

(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.