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FILE		1	-
U.S.G.S.		Ĭ .	
LAND OFFICE			I
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		/	
PRORATION OF	FICE	1	

## NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE /	1	FOR ALLOWABLE	Supersedes Old C-104 and C-110	
[	FILE / V	1	AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURA	L GAS	
ŀ	LAND OFFICE	-			
]	TRANSPORTER GAS	1			
	OPERATOR /				
1.	PRORATION OFFICE				
	Operator McCullock Oil	Corporation of Californi	la.		
	Address				
		ilding, Kidland, Texas ?	7701		
	Reason(s) for filing (Check proper box	c)	Other (Please explain)		
	New We!l	Change in Transporter of:			
Ì	Recompletion	Oil Dry Gas	s sate X		
	Change in Ownership	Casinghead Gas Conden	sate 📥		
	If change of ownership give name				
	and address of previous owner				
II.	DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including Fo	ormation   Kind of L	ease lease.No.	
	Lease Name	i Besis Bekots		deral or Fee Federal 57 070917	
	Location			<b>BA 09867-A</b>	
	Unit Letter ;	Feet From The South Line	e and <b>750</b> Feet Fr	rom The	
	J Lotter				
	Line of Section 19 To	wnship Range	, NMPM,	County	
	DECICAL AMEAN OF MAINTAN	TED OF OH AND MARKIDAT OF	6		
111.	Name of Authorized Transporter of Ot	TER OF OIL AND NATURAL GA	Address (Give address to which a	pproved copy of this form is to be sent)	
	Rock Island (	hil & Refining Company	110 S. Fairview Ave		
	Name of Authorized Transporter of Co	ssinghead Gas or Dry Gas	Address (Give address to which a	pproved copy of this form is to be sent)	
				1 When	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When 6-10-63	
	give location of tanks.				
	If this production is commingled w. COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:		
- • •		Oil Well Gas Well	New Well Workover Deeper	Plug Back   Same Restv. Diff. Restv.	
	Designate Type of Completi			D.P. T.D.	
	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	
	in the second section of the section	•			
	Perforations			Depth Casing Shoe	
			A CEMENTAL PERSON		
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEF TRIBET		
V.		FOR ALLOWABLE (Test must be a	fter recovery of total volume of load opth or be for full 24 hours)	i oil and must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, g	as lift, etc.)	
				/BLITIAED /	
	Length of Test	Tubing Pressure	Casing Pressure	C oke Size	
			Water Ditte	MAR3 1966	
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	OIL CON. COM.	
		<u> </u>		DIST. 3	
	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	
				DV44 TION CONTACTOR	
VI.	CERTIFICATE OF COMPLIAN	NCE	OIL CONSE	RVATION COMMISSION	
	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.  (Signature)		APPROVED MAR 3 1966 , 19, 19		
			Original Signed Emery C. Arnold		
			1		
			TITLE Supervisor (	Jist. 弁 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 allow-		
(Title)			All sections of this form must be intred out completely for all of the completely wells.		

2-828-66 effective 3-11-66 (Date)

able 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.