

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-11
Effective 1-1-85

DISTRIBUTION		
AMT. FE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

I. OPERATOR
Operator Overland Oil & Gas Corp.
Address 3539 E. 30th Street Suite 108, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Substantiate ☐
Other (Please explain) _____
If change of ownership give name and address of previous owner TASCO 501 Airport Dr. Suite 110, Farmington, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Clark Kent</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Salt Creek Dakota</u>	Kind of Lease State, Federal or Fee <u>14-20-0603-903</u>	Lease No.
Location Unit Letter <u>I</u> <u>1880</u> Feet From The <u>South</u> Line and <u>165</u> Feet From The <u>East</u> Line of Section <u>5</u> Township <u>30N</u> Range <u>17W</u> , NMFM, <u>San Juan</u> Country				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Transporter Name <u>McDonalds Oil Co. Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 309, Moab Utah 84532</u>
Name of Applicant for 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 gas, give name of oil or gas <u>I</u> <u>5</u> <u>30N</u> <u>17W</u>	Is gas actually connected? ☐ When

If this well is commingled with that from any other lease or pool, give commingling order number _____

IV. COMPLETION DATA

Test Type (Completion - (X))	Oil Well	Gas Well	New Well	Revised	Deepen	Plug Back	Some Restr.	Full Restr.
Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Remarks (F, R, H, E, G, R, 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 Tank	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 (Flow, Pump, Gas Lift)	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.

[Signature]
(Signature)
Operator
(Title)
August 1, 1980
(Date)

OIL CONSERVATION COMMISSION

OCT 22 1980

APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Form C-104 must be filed for each pool in multiple.