

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

C. M. Paul

Box 234, Farmington, N. M.

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Atkins	Well No.	1	Pool Name, Including Formation	Basin - Dakota	Kind of Lease	
Location						State, Federal or Fee	Fee
Unit Letter	B		840	Feet From The	north	Line and	1840
				Feet From The			east
Line of Section	15	Township	31N	Range	13W	NMPM,	San Juan
							County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	Graves Oil Company	or Condensate		Address (Give address to which approved copy of this form is to be sent)	Box 2077, Farmington, N. M.	
Name of Authorized Transporter of Casinghead Gas	Fidelity Southern Union Gathering Co.	or Dry Gas	X	Address (Give address to which approved copy of this form is to be sent)	Fidelity Union Tower, Dallas 1, Texas	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	15	31N	13W	Yes	

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'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
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-Bbbls.	Water-Bbbls.	Gas-MCF

GAS WELL

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

Consulting Engineer

(Title)

9/1/65

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 13 1965

Original Signed by A. R. KENDRICK

BY TITLE PETROLEUM ENGINEER DIST. NO 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 Sections I, II, III, and VI only 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 multiple

