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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 _____
Address _____
P. O. Drawer 570, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐ NAME CHANGER
Change in Ownership ☐
If change give name and address of previous owner: Antec Oil & Gas Company, P. O. Drawer 570, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE
Lease Name: Culpepper Martin Well No.: #4 Pool Name, including Formation: Blanco Mesaverde Kind of Lease: State, Federal or Fee Fee Lease No.:
Location: Unit Letter: M; 990 Feet From The South Line and 1650 Feet From The West
Line of Section: 28 Township: 32 North Range: 12 West, N.M.P.M., San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent): Plateau, Inc. P. O. Box 108, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent): Southern Union Gathering Fidelity Union Tower, Dallas, Texas 75201
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? 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 Salt Water Production
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.S.T.D. _____

V. TEST DATA AND REQUEST FOR ALLOWABLE (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-Bbls. _____ Water-Bbls. _____ Gas-MCF _____
GAS WELL
Actual Prod. Test-MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
Testing Method (pilot, 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.

(Signature)
District _____
(Title)
1-1-78
(Date)
OIL CONSERVATION COMMISSION
APPROVED _____, 19 _____
Original Signed by A. R. Kendrick
BY _____
TITLE SUPERVISOR DIST. # _____
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 Forms C-104 must be filed for each pool in multiply