

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION OFFICE		

I. Operator **Pioneer Production Corporation**

Address **Box 234, 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 ☐ Condensate ☒ **Effective July 1, 1972**

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lucerne "D"	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM-010063
Location Unit Letter P 945 Feet From The South Line and 870 Feet From The East				
Line of Section 21 Township 28N Range 11W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Thrift-Way Oil Company	Address (Give address to which approved copy of this form is to be sent) 2011 East Main, Farmington, N. M. 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> E1 Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, N. M. 87401					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 21	Twp. 28N	Rge. 11W	Is gas actually connected? Yes	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 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.

Original signed by **T. A. Dugan**

(Signature)

Agent

(Title)

6-28-72

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 28 1972**, 19 _____BY **Original Signed by A. R. Kendrick**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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.