

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>J. R. CONE</b>	Well API No.
Address <b>P.O. BOX 10217, LUBBOCK, TX 79408</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>EUBANKS</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Sub oil &amp; Gas</b>	Kind of Lease State, Federal or Fed <b>FEE</b>	Lease No.
Location Unit Letter <b>L</b> : <b>1980</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>West</b> Line Section <b>14</b> Township <b>21S</b> Range <b>37E</b> , NMPM, Lea County				

**II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Texas New Mexico Pipe Line Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2528, Hobbs, NM 88240</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Texaco USA Producing</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1650, Tulsa, OK 74102</b>
If well produces oil or liquids, give location of tanks. Unit   Sec.   Twp.   Rge. <b>L&amp;M   14   21S   37E</b>	Is gas actually connected? When? <b>Yes January 1953</b>
If this production is commingled with that from any other lease or pool, give commingling order number: <b>#R-5481 &amp; DHC-473</b>	

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> 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	
<b>TUBING, CASING AND CEMENTING RECORD</b>								
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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*James R. Cone Jr*  
 Signature  
**JAMES R. CONE, JR.** AGENT  
 Printed Name Title  
 Date **2-13-90** Telephone No. **(806) 763-8211**

**OIL CONSERVATION DIVISION**

**FEB 27 1990**

Date Approved \_\_\_\_\_

By **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

Title \_\_\_\_\_

- INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104
- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
  - 2) All sections of this form must be filled out for allowable on new and recompleted wells.
  - 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
  - 4) Separate Form C-104 must be filed for each pool in multiply completed wells.