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

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWARLE

Form C-104
Supersedes Old C-104 and C-110

FILE	- KEQUESI	FUR ALLUWABLE	Effective 1-1-65	
U.S.G.S.	-	AND C. C.		
LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
h		MIK (1) (3 23 111 167		
TRANSPORTER OIL	_		•	
GAS	\dashv			
OPERATOR	_			
PRORATION OFFICE Operator				
Operator				
Address	<u></u>			
Address				
	A CONTRACTOR OF THE PROPERTY O	Other (Please explain)		
Reason(s) for filing (Check proper bo				
New Well	Change in Transporter of:	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	erriy Pencose 'A' Unit	
Recompletion	Cil Dry Ga	Many	1 1967	
Change in Ownership	Casinghead Gas Conder	nsate	1, 1901	
If change of ownership give name and address of previous owner	Striky (1)	Become a Language Mains	"A" No. 4	
I. DESCRIPTION OF WELL AND	LEASE Holing Low N	ormation Kind of Lea	se Lease No.	
Seeily Petroce "A"	Unit Reservation State of	K-SCULOC: S.		
Location				
Unit Letter;;	720 Feet From The South Lin	ne and <u>660</u> Feet From	The West	
		•		
Line of Section 33	ownship (2) Range	NMPM,	Courty Courty	
I. DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	lS	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Name of Authorized Transporter of O			roved copy of this form is to be sent)	
Shell Pipeline Cor		F.C. Dec 1910, Hedland, Texas		
Name of Authorized Transporter of C	asinghead Gas 🔄 or Dry Gas 🦳			
Skally Oil Company		P.C. Fox - 135, Easter	s, New Mozico	
If well produces oil or liquids,	Unit Sec. Twp. Ege.		/hen	
give location of tanks.	M 33 223 37	103	?	
re at the state of	ith that from any other lease or pool,	give commingling order number:		
V. COMPLETION DATA	ith that from any other lease of pool,	give comminging order number.		
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty	
Designate Type of Complet	ion = (X)	!		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Sate Spaces				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Lievations (BP, RRB, RT, GR, etc.)	ivanie of Froddering Formation			
			Depth Casing Shoe	
Perforations				
		D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			<u> </u>	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load o	il and must be equal to or exceed top allow	
OIL WELL	able for this de	epth 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-Bbis.	Water - Bbls.	Gas-MCF	
-				
CAC WELL				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Plod. 1 dat-Mict / B		,	·	
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Flessme (Sude-In)	January 11000 Common Language		
<u></u>			14 7 0 14 0 0 14 14 14 14 14 14 14 14 14 14 14 14 14	
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION	
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.		APPROVED, 19		
		1.5	BY	
above is true and complete to t	to bear or my knowledge and belief.			
		TITLE		
			n compliance with RULE 1104.	
		This form is to be filed if	owable for a newly delted or despend	
	If this is a request for allowable for a n (Signature) well, this form must be accompanied by a tal		namied by a tabulation of the deviatio	
(Si _k	nature)	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
·	Title)			
May 1, 196	7	Fill out only Sections I,	II, III, and VI for changes of owner	
(Date)		well name or number, or transporter, or other such change of condition		

Separate Forms C-104 must be filed for each pool in multiply completed wells.