

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-101 and C-110  
Effective 1-1-65

**CASINGHEAD GAS MUST NOT BE PLACED AFTER 11/17/78 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

Operator  
D A & S Oil Well Servicing, Incorporated

Address  
P. O. Box 2545 Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>			

Other (Please explain)  
Request for Allowable

If change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE** *Snow Yates R-5911*

Lease Name Federal "A"	Well No. 1	Pool Name, including formation Undesignated	Kind of Lease State, Federal or Free Fed.	Lease No. N.M.7827
Location Unit Letter <u>E</u> ; 1980 Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>9</u> Township <u>26S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 838 Lovington Hwy. Hobbs, N.M.
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Soc. Twp. Rge. Is gas actually connected? When
E 9 26S 36E	No

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Shut Restv.	Diff. Restv.
Date Spudded 9-27-78	Date Compl. Ready to Prod. 11-17-78	Total Depth 3605	P.B.T.D. 3551					
Elevations (DF, RKB, RT, CR, etc.) 2973 RKB	Name of Producing Formation Yates	Top Oil/Gas Pay 3460	Tubing Depth 3496					
Perforations 1 each @3466,67,68,69,70,71, & 72 1 each @3481,82,83,84,85,86,87, & 88	( 15 Shots)		Depth Casing Shoe 3599					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/4 inch	8-5/8" 24#	1405		750 sx. circulated				
7-7/8 inch	4 1/2" 10.5# & 11.6#	3599		1225 sx. circulated				
	2-3/8" 4.7#	3496						

**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 10-19-78	Date of Test 11-14-78	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 10 psig.	Casing Pressure 10 psig.	Choke Size -
Actual Prod. During Test 53 BO	Oil-Bble. 53	Water-Bble. 14	Gas-MCF 14.0

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

**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.

*Paul Bliss*  
VP  
11-21-78

(Signature)  
(Title)  
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 27 1978, 19

BY *Jerry Selton*

TITLE **SUPERVISOR DISTRICT I**

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 production tests taken on the well in accordance with RULE 111.

All portions 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 conditions.