

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

**CORRECTED REPORT**  
 Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

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

**I. OPERATOR**  
 Operator: **McCulloch Oil Corporation**  
 Address: **501 Wall Towers East, Midland, Texas 79701**  
 Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of: Oil  Dry Gas   
 Recompletion  Casinghead Gas  Condensate   
 Change in Ownership

**CASINGHEAD GAS MUST NOT BE  
 FLARED AFTER 8/1/72  
 UNLESS AN EXCEPTION TO R-4070  
 IS OBTAINED.**

Other (Please explain):  
**Authorized Transporter of oil will be  
 telephoned in.**

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

**THIS WELL HAS BEEN PLACED IN THE POOL  
 DESIGNATED BELOW. IF YOU DO NOT CONCUR  
 NOTIFY THIS OFFICE.**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name: <b>Hair</b>	Well No.: <b>1</b>	Pool Name, including Formation: <b>R-4377 Fowler (Upper Yeso)</b>	Kind of Lease: <b>Fee</b>	Lease No.:
Location: Unit Letter <b>M</b> ; <b>554</b> Feet From The <b>South</b> Line and <b>554</b> Feet From The <b>West</b>				
Line of Section <b>11</b> Township <b>24S</b> Range <b>37E</b> , NMPM, <b>Lea</b> County				

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Not Available at this time. Will telephone transporter's name in when received.</b>	Address (Give address to which approved copy of this form is to be sent): <b>Midland, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <b>M</b> Sec. <b>11</b> Twp. <b>24S</b> Rge. <b>37E</b>	Is gas actually connected? <b>No</b> 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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded: <b>4-9-72</b>	Date Compl. Ready to Prod.: <b>5-15-72</b>	Total Depth: <b>6950</b>	P.B.T.D.: <b>6000</b>					
Elevations (DF, RKB, RT, GR, etc.): <b>3223 GR; 3233 KB</b>	Name of Producing Formation: <b>Upper Yeso</b>	Top Oil/Gas Pay: <b>5778</b>	Tubing Depth: <b>5870 RKB</b>					
Perforations <b>5918; 5898; 5894; 5895; 5878; 5875; 5871; 5861; 5822; 5816; 5788; 5782; 5781; 5778; 5605; 18; 27; 34; 40; 48; 92; 95</b>			Depth Casing Shoe: <b>6950</b>					
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12 1/4"</b>	<b>8 5/8" OD</b>	<b>1145</b>	<b>500 SX</b>					
<b>7 7/8"</b>	<b>5 1/2" OD</b>	<b>6956</b>	<b>500 SX</b>					
<b>5 1/2" OD csg.</b>	<b>2 7/8" OD</b>	<b>5870</b>						

**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: <b>5-23-72</b>	Date of Test: <b>5-25-72</b>	Producing Method (Flow, pump, gas lift, etc.): <b>Pump</b>	
Length of Test: <b>24 hrs</b>	Tubing Pressure: <b>30 psi</b>	Casing Pressure: <b>30 psi</b>	Choke Size: <b>--</b>
Actual Prod. During Test: <b>311 bbl. fluid</b>	Oil - Bbls.: <b>203</b>	Water - Bbls.: <b>108</b>	Gas - MCF: <b>302</b>

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pito., 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.

*Earl R. ...*  
 District Manager  
 May 31, 1972

**OIL CONSERVATION COMMISSION**

APPROVED *J. ...* JUN 14 1972

BY *J. ...*

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 dev. on tests taken on the well in accordance with RULE 11.  
 sections of this form must be filled out complete on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for each well name or number, or transporter, or other such character.  
 Separate Forms C-104 must be filed for each pool completed wells.

200 100

RECEIVED

JUN 1 1970

OIL CONSERVATION COMM.  
HOUSTON, TEXAS