

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

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

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

Operator GENE MILFORD

Address P. O. Box 427 - Tatum, New Mexico 88267

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Effective date of ownership

Recompletion Oil Dry Gas Change - 6/1/78

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner Sabine Production Company-901 Wall Towers East-Midland, Tx 79701

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Packer - Federal</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Cato San Andres</u>	Kind of Lease XXX Federal XXX	Lease No. <u>NM 0354427</u>
Location Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>33</u> Township <u>8-S</u> Range <u>30-E</u> , NMPM, <u>Chaves</u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Mobil Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>D. C. Kennedy - P. O. Box 900, Dallas, TX 75221</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Cities Service Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 300, Tulsa, Oklahoma 74102</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>33</u>	Twp. <u>8-S</u>	Rge. <u>30-E</u>
	Is gas actually connected? <u>Yes</u>		When <u>8/28/68</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: CTB 182

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
<u>(X)</u>								
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 (pitot, 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.

Gene Milford
(Signature)
Owner
(Title)
6/8/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 26 1978, 19____

BY John W. Kingman
TITLE Geologist

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