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

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

I. OPERATOR

Operator Cady Oil Company

Address Cady Oil Company

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☒ Condensate ☐

Change in Ownership ☒ Other (Please explain)

If change of ownership give name and address of previous owner Midwater Oil Company, Box 249, Hobbs, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name UNIT Well No., Pool Name, Including Formation 63 Kind of Lease Fee Lease No.

Location East of Hobbs Barren Canyon State, Federal or Fee Fee

Unit Letter D 660 Feet From The North Line and 660 Feet From The West

Line of Section 27 Township 19S Range 37E, NMPL, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)

Texas New Mexico Pipeline Co. Box 1510, Midland, Texas

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)

Phillips Petroleum Co. Phillips Bldg., Ocala, Texas

If well produces oil or liquids, give location of tanks. Unit G Sec. 27 Twp. 19 Rge. 37 Is gas actually connected? Yes When 1957

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 ☐ Same Rest. ☐ Diff. Rest.

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                      casing Depth                     

Perforations                      Depth casing Shoe                     

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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                     

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.

C. E. Wade  
(Signature)

Area Superintendent  
(Title)

September 20, 1957  
(Date)

OIL CONSERVATION COMMISSION

APPROVED                     , 19                     

BY                     

TITLE                     

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 completed wells.