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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-104 and C-110
 Effective 1-1-55

I. OPERATOR

Operator: Platoron Oil Company

Address: Box 212, Hobbs, New Mexico

Reason(s) for filing (Check proper box):

New Well Change in Transporter of:

Permit/Extension Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

Other (Please explain):

If change of ownership give name and address of previous owner: Platoron Oil Company, Box 212, Hobbs, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>East Hobbs Unit</u>	Well No. <u>94</u>	Pool Name, including Formation <u>Burns Green</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E-5553</u>
Location	Mail Letter <u>H</u>	1980 Feet From The <u>North</u> Line and	<u>990</u> Feet from The <u>East</u>	
Line of Section <u>35</u>	Township <u>19S</u>	Range <u>37E</u>	N.M.P.M.	<u>300</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Applicant (Transporter of Oil or Condensate
Platoron Oil Company Address (Give address to which approved copy of this form is to be sent)
Box 212, Hobbs, New Mexico

Name of Applicant (Transporter of Casinghead Gas or Dry Gas
Platoron Oil Company Address (Give address to which approved copy of this form is to be sent)
Box 67, Monument, New Mexico

If well produces oil or liquids, give location of tanks: Unit 2 Sec. 35 Twp. 19 Rge. 37 Is gas actually connected? Yes

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Leasing Plug Back Core Plug L.W. Plug

Date Spudded	Date Compl. Ready to Prod.	Total Depth	<u>N.B.T.D.</u>
Perforations (D.S., P.D., P.L., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Perforating Depth
Completion			Perforating 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 Ran To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Sack-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Sealing Method (plug, back pt.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Shake 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.

[Signature]
 Area Superintendent

September 30, 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.