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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION 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-105  
Effective 1-1-65

Address \_\_\_\_\_

Reasons for filing (Check proper box) \_\_\_\_\_ Other (Please explain) \_\_\_\_\_

New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind	State	Lease
_____	100	_____	_____	State	E-2277
Location	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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)
_____	_____
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
_____	_____
If well produces oil or liquids, give location of tanks.	Is gas actually compressed?
_____	_____

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	Gas Well	New Well	Workover	Deepen	Back	Time Permitted
_____	_____	_____	_____	_____	_____	_____	_____
Time Spudded	Date Compl. Ready to Prod.	Total Depth	_____	_____	_____	_____	_____
Electronics (RF, AAR, RT, GP, etc.)	Name of Producing Formation	Top Oil/Gas Flow	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

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)

Time First New Well Drilled	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.
_____	_____	_____

GAS WELL

Actual Prod. Test-MSCF	Length of Test	Bbls. Condensate/MSCF	Quantity of Condensate
_____	_____	_____	_____
Testing Method (piston, back pw.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Jack 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.

Area Superintendent

September 30, 1967

(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 multiple completed wells.