

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

DISTRIBUTION	
SANTA FE	
COUNTY	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator \_\_\_\_\_  
 Address Gas Producing Enterprises, Inc.  
P. O. Box 235, Midland, Texas 79701  
 Reason(s) for filing (check proper box) Other (Please explain)  
 New Well  Change in Ownership   
 Recompletion  Change in Transporter of: Oil  Dry Gas   
 Change in Ownership  Condensate

If change of ownership give name and address of previous owner Coastal States Gas Producing Company, P. O. Box 235, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Santa Fe</u>	Section <u>3</u>	Range <u>West Sawyer (San Andres)</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. _____
Location Unit Letter <u>J</u> ; <u>1805</u> Feet From The <u>south</u> Line and <u>1980</u> Feet From The <u>east</u>	Line of Section <u>33</u>	Township <u>9-S</u>	Range <u>37-E</u>	County <u>Lea</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Mobil Pipeline Company</u>	<u>P. O. Box 900, Dallas, Texas 75221</u>
Name of Authorized Transporter of Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Cities Service Oil Company</u>	<u>P. O. Box 300, Tulsa, Oklahoma 74102</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>M</u> ; <u>33</u> ; <u>9-S</u> ; <u>37-E</u>	<u>Yes</u> ; <u>August 26, 1971</u>

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	Plug Back	Same Rest.	Diff. Rest.
Date Spudded	Date Ready to Prod.	Total Depth	F.B.T.D.					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tearing 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 (pilot, 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.

J. B. Shepherd  
 (Signature)

District Production Superintendent  
 (Title)

June 25, 1975  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED AGS , 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