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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-105
 Effective 1-1-65

I. Operator
Gene Milford

Address
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, N M 88240

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

New Well Change in Transporter of: Dry Gas

Recompletion Oil Casinghead Gas Condensate **Effective 8/15/79**

Change in Ownership

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE NM-024136-A

Lease Name Conley Federal	Well No. 1	Pool Name, including Formation Cato San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. above
Location				
Unit Letter I	1980 Feet From The South Line and 660 Feet From The East			
Line of Section 28	Township 8S	Range 30E	, NMPM, Chaves County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
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 (pilot, back prod)	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.

BY _____
 (Signature)
Agent
 (Title)
8/15/79
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY **Jerry Sexton**
 Dist 1, Supv.

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 Form C-104 must be filed for each pool in multiple completion wells.