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LAND OFFICE
TRANSPORTER
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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

<b>C. H. BROCKETT, INC.</b>	
<b>BOX 1005, MIDLAND, TEXAS</b>	
Reasons for filing (Check proper box)	Other (Please explain)
New Area <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Transporter <input checked="" type="checkbox"/>	

If change of ownership give name and address of previous owner: **TRICE PRODUCTION COMPANY, BOX 167, MIDLAND, TEXAS**

**II. DESCRIPTION OF WELL AND LEASE**

Well Name <b>LAZY J STATE "A"</b>	Well No. Pool Name, Including Formation <b>1 LAZY J PENN</b>	Kind of Lease State, Federal or Fee <b>STATE</b>
Section <b>A</b>	<b>660</b> Feet From The <b>NORTH</b> Line and <b>660</b> Feet From The <b>EAST</b>	
Range <b>3</b>	Township <b>14S</b>	Range <b>33E</b> , NMPM, <b>LEA</b> County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquid, give location of tanks.	Unit      Sec.      Twp.      Rge.      Is gas actually connected?      When

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 <input checked="" 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 Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Completed	Date Compl. Ready to Prod.	Total Depth	<b>9944</b>			P.B.T.D.		
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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 that 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	Casing Pressure	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.

*Mary Amaze*  
 AGENT (Signature)  
 \_\_\_\_\_ (Title)  
**JUNE 8, 1965** (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 Sections I, II, III, and VI only 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