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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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 1-1-65

I. Operator
Fred M. Allison

Address
1120 Vaughn Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of: ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 2/1/74
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name and address of previous owner N/A

II. DESCRIPTION OF WELL AND LEASE

Lease Name Howse	Well No. No. 1	Pool Name, including Formation Wildcat House-San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter F ; 2310 Feet From The north Line and 2310 Feet From The west Line of Section 17 Township 20S Range 39E , NMPM, Lea 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183 Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79987	
If well produces oil or liquids, give location of tanks. Oil F 17 20S 39E	Unit Sec. Twp. Rge. F 17 20S 39E	Is gas actually connected? When No Pending

If this production is commingled with that from any other lease or pool, give commingling order number: No

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 28 October 1973	Date Compl. Ready to Prod. 12 November 1973		Total Depth 4340'		P.B.T.D. N/A			
Elevations (DF, RKB, RT, GR, etc.) 3553.4 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 4312'		Tubing Depth 4338'			
Perforations 4326' - 4336' two shots per foot					Depth Casing Shoe 4340'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		300'		300 sx circ.			
7 7/8"	5 1/2"		4340'		175 sx "C"			
	2 3/8 EUE		4338'					

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 12 November 1973	Date of Test 12 November 1973	Producing Method (Flow, pump, gas lift, etc.) flow	
Length of Test 24 hours	Tubing Pressure 20 - 80#	Casing Pressure packer	Choke Size 18/64"
Actual Prod. During Test 71 bbls	Oil-Bbls. 65	Water-Bbls. 6	Gas-MCF 1750 - 1

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.


(Signature)

AGENT

(Title)

5 December 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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.