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U.S.G.S. LAND OFFICE			
TRANSPORTER	OIL		
THAMS! OIL! EN	GAS		
OPERATOR PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

,	Form C-104
	Supersedes Old C-104 and C-110
	Effective 1-1-65

	U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND N	IATURAL G	Effective 1-1-65		
	TRANSPORTER OIL	-					
	GAS OPERATOR						
ı.	PRORATION OFFICE						
	Adams & McGahey			·			
	Address 513 Bank Of The Soi	thwest Bldg., Amari	11o. Texas 79	109			
	Reason(s) for filing (Check proper box		Other (Please	explain)	-1	_	
	New Well Recompletion	Change in Transporter of: Oil Dry Go	To provide missing well data. Re: Case No.5743				
	Change in Ownership	Casinghead Gas Conde			o. R-5336		
	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND			Kind of Lease			
	Gonzales "A"	Well No. Pool Name, Including F 1 Bueyeros CO		State, Federal		Lease No.	
	Location Unit Letter H : 1980	he_East					
		waship 21 N Range 3		Hardi		County	
	<u> </u>						
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil			which approv	ed copy of this form is to	be sent)	
	Name of Authorized Transporter of Cas Adams CO ₂ Plant	singhead Gas or Dry Gas	Address (Give address to 513 Bank Of Amarillo, Te	The Sout	ed copy of this form is to	be sent)	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connecte yes	d? Whe	7/25/44		
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order	number:			
3 4.	Designate Type of Completion	on - (X) Oil Well Gas Well CO ₂	New Well Workover	Deepen	Plug Back Same Rest	Diff. Res'v.	
	Date Spudded June 5, 1944	July 24, 1944	Total Depth		P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
	unknown Gr.		859 '				
	Perforations		Depth Casing Shoe 858'				
		/	CEMENTING RECORE				
	HOLE SIZE	CASING & TUBING SIZE 18"	30 T	<u>T</u>	SACKS CEME	NT	
	18"	1511	67'	Pulled			
[15"	121	419	Pulled			
. , [10"	8-5/8"	858		12		
	TEST DATA AND REQUEST FOR ALLOWABLE (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.)		
ŀ	Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
	Actual Prod. Duting Test	Oil-Bbis.	Water-Bbis.		Gas-MCF		
1_			<u> </u>			· · · · · · · · · · · · · · · · · · ·	
Γ	GAS WELL Addad Prod. Test-MOF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate		
	1,930						
	Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in)	Casing Pressure (shut-	11)	Choke Size 4" Std. pipe		
۷I. (CERTIFICATE OF COMPLIANC	E	OILC	ONSERVA	TION COMMISSION		
_		1 N = 011 C	APPROVED 12	wary		77	
	hereby certify that the rules and re Commission have been complied w	ith and that the information given	10 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
. 6	bove is true and complete to the	BY CAN CALLY					
	17 /2	TITLE					
	John A Reda						
_	//	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allow-					
_	Partner (Till						
	January 11, 19	able 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					
-	Danuary 11, 19						