

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Replaces Old C-104 and C-111
Effective 1-1-65

SALE AREA		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator

AmeriGas, Inc. SEC Div.

Address

P. O. Box 37 Solano, New Mexico 87746

Reason(s) for filing (check proper box)

New Well ☐

Change in Transporter of:

Recompletion ☐Oil ☐Dry Gas ☐Change in Ownership ☒Casinghead Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

S E C CORPORATION P. O. BOX 9737 El Paso, Texas

DESCRIPTION OF WELL AND LEASE

Lease Name MITCHELL	Well No. 4	Pool Name, including Formation MITCHELL CO ₂ - abo	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>A</u> <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>13</u> Township <u>19 N</u> Range <u>29 E</u> , NMPM, <u>Harding</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	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 checked="" type="checkbox"/> AmeriGas, Inc. SEC Div. (We process our own gas)	Address (Give address to which approved copy of this form is to be sent) same as above					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					yes	1939 - 54

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RAB, RT, CR, 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		

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

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)
MANAGER, CARBON DIOXIDE PRODUCTION
(Title)
Mgr. Transportation & Safety
(Date)
April May 3, 1978

OIL CONSERVATION COMMISSION

APPROVED May 10, 19 78
BY Carl Ulvog
TITLE CONVEYANCE

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 allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for change 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.