

DISTRIBUTION		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	
SANTA FE							
FILE							
U.S.G.S.							
LAND OFFICE							
TRANSPORTER	OIL						
	GAS						
OPERATOR							
PRORATION OFFICE							
Operator AmeriGas, Inc. SEC Div.							
Address P. O. Box 37 Salm, New Mexico							
Reason(s) for filing (Check proper box)				Other (Please explain)			
New Well	<input type="checkbox"/>	Change in Transporter of:					
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>		
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>		
If change of ownership give name and address of previous owner SEC CORPORATION P. O. BOX 9737 El Paso, Texas							
2. DESCRIPTION OF WELL AND LEASE							
Lease Name	Well No.	Pool Name, including Formation		Kind of Lease	Fee	Lease No.	
MITCHELL	10	MITCHELL CO ₂ - abo		State, Federal or Fee			
Location Unit Letter H : 2310 Feet From The North Line and 1070 Feet From The East Line of Section 19 Township 19 N Range 30 E , NMPM, Harding County							
3. 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)					
None							
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)					
AmeriGas, Inc. SEC Div. (We process our own gas)		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:							
4. COMPLETION DATA							
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.		
Elevations (DF, RAB, 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		
5. 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		
6. CERTIFICATE OF COMPLIANCE				OIL CONSERVATION COMMISSION			
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.				APPROVED May 10, 1978			
				BY Carl Ulvog			
				TITLE SENIOR PETROLEUM GEOLOGIST			
MANAGER, CARBON DIOXIDE PRODUCTION				This form is to be filed in compliance with RULE 1104.			
Mgr. Transportation & Safety				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.			
May 3, 1978				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.			