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D 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

**TA**

**RECEIVED**

FEB 16 1976

**I. OPERATOR**  
 Operator: **Fair Oil, Ltd.**  
 Address: **P. O. Box 689, Tyler, Texas 75701**  
 Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of: Oil  Dry Gas   
 Recompletion  Casinghead Gas  Condensate   
 Change in Ownership  Other (Please explain):  
 If change of ownership give name and address of previous owner: **Fair Oil Company, P. O. Box 689, Tyler, Texas 75701**

**O. C. C.**  
 ARTESIA, OFFICE

**II. DESCRIPTION OF WELL AND LEASE**  
 Lease Name: **State "A"** Well No.: **5** Production Formation: **Spring Hill** Kind of Lease: **State** Lease No.: **B-2023**  
 Location: Unit Letter **H**; **330** Feet From The **East** Line and **2130** Feet From The **North**  
 Line of Section **36** Township **17S** Range **29E**, NMPM, **Eddy** County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  or Condensate : **Texas-New Mexico Pipe Line Company** Address: **Midland, Texas**  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas : Address: \_\_\_\_\_  
 If well produces oil or liquids, give location of tanks: Unit **I** Sec. **36** Twp. **17S** Rge. **29E** Is gas actually connected? **No** When \_\_\_\_\_

**IV. 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.S.T.D. \_\_\_\_\_  
 Elevations (DF, RKB, 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

**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 \_\_\_\_\_ 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. \_\_\_\_\_ Surface Prod. \_\_\_\_\_ Gas-MCF \_\_\_\_\_

**GAS WELL**  
 Actual Prod. Test-MCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_ Boil. Condensate/MCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
 Testing Method (pilot, 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)  
**2-11-76**  
 \_\_\_\_\_  
 (Date)

OIL CONSERVATION COMMISSION  
 FEB 19 1976  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY **W. A. Grasset**  
 TITLE **SUPERVISOR, DISTRICT II**  
 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.