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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION 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

Operator Torreon Oil Co.	
Address Box 356, Flora Vista, N. M. 87415	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Torreon #3
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name San Luis Federal	Well No. 3	Pool Name, including Formation San Luis Mesa Verde	Kind of Lease State, Federal or Free Federal	Lease No. SF081160-
Location				
Unit Letter J	2164	Feet From The South	Line and 1600	Feet From The East
Line of Section 21	Township 18 N	Range 3 W	Sandoval	County

I. 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)
The Permian Corp.	P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit J Sec. 21 Twp. 18N Rge. 3W
	Is gas actually connected? None When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8/6/78	Date Compl. Ready to Prod. 8/12/78	Total Depth 606	P.B.T.D.					
Elevations (DF, RAB, RT, GR, etc.) 6690	Name of Producing Formation Menefee	Top Oil/Gas Pay 595	Tubing Depth 604					
Perforations Slotted Liner 569 to 606			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
8 5/8	7 in.	31 ft.	Circulated					
6 1/4	4.50	606	No cement, Ran Baker					
			Umbrella 35 ft off					
			bottom					

V. 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 8/12/78	Date of Test 8/24/78	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr.	Tubing Pressure 0	Casing Pressure 0	Choke Size
Actual Prod. During Test 15 bbl.	Oil-Bble. 15 bbl.	Water-Bble. 0	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	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.

Torreon Oil Co.
(Signature)
Mel Reynolds Operator
(Title)
7-14-80
(Date)

OIL CONSERVATION COMMISSION
JUL 14 1980
APPROVED _____, 19____
BY **Original Signed by FRANK T. CHAVEZ**
TITLE **SUPERVISOR DISTRICT #3**

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.