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U.S.G.S.
LAND 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

I. **Clark & Cowden Production Co**
Address
5551 Yale Blvd., Dallas, Texas 75206
Reason(s) for filing (check proper box)
New Well ☐ Change in Transporter or oil ☐
Existing Well ☐ Oil ☐ Dry Gas ☐
Change in ownership ☐ Gas production ☐ Condensate ☐
Other (Please explain)
To change lease name from Federal 11-2 #2 to Federal "B" #2 as instructed by the Commission

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

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Federal "B" #2** Well No. **1** Pool Name, Including Formation **Tapacito Pictured Cliffs** Kind of Lease **Federal**
Location
Section **0** **1810** Feet From The **East** Line and **1065** Feet From The **South**
Range **11** Township **25N** Range **3W** County **Rio Arriba**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Gas (Natural Gas ☐ or Dry Gas ☒) Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co **Box 1492 El Paso, Texas**
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
yes

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

IV. COMPLETION DATA
Designate Type of Completion - (X)
Date Reported Date Compl. Ready to Prod. Total Depth
Name of Producing Formation Top Oil, Gas Layer Taking Depth
Formation 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 Flow All Run To Tank Name of Test Producing Method (Flow, pump, gas lift, etc.)
Duration of Test Casing Pressure Casing Pressure Choke Size
Actual Flow During Test Bbls. Water-Bbls. Gas-MCF
GAS WELL
Actual Flow Test-MCF Length of Test Bbls. Condensate-MCF Gravity of Condensate
Producing Method (pitot, back pr.) Casing Pressure 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.
Partner
8/18/65
OIL CONSERVATION COMMISSION
APPROVED **8/23/1965**, 19
BY **8-23-65**
TITLE
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 Sections I, II, III, and VI only 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