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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

HOBBS Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65  
DEC 28 12 01 PM '65

I. Operator  
W. K. Byrom

Address  
P. O. Box 147 - Hobbs, N. M. 88240

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)  
Re-enter old well.

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name T. P. State	Well No. 1	Pool Name, including Formation S. Crossroads(San Andres)	Kind of Lease State, Federal or Fee State
Location South Crossroads-San Andres Gas R-3056			
Unit Letter K; 1980 Feet From The West Line and 1980 Feet From The South			
Line of Section 10, Township 10S Range 36E, NMPM, Lea County			

III. 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)					
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)					
Sinclair Oil & Gas Co. Wagon	P.O. Box 1470 - Midland, Texas					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9/13/65	Date Compl. Ready to Prod. 10/19/65		Total Depth 5110		P.B.T.D. 4970			
Pool S. Crossroads(San Andres)	Name of Producing Formation San Andres		Top Oil/Gas Pay 4900		Tubing Depth 4850			
Perforations 4904; 4909; 4911; 4916; 4923; 4929; 4932.					Depth Casing Shoe 5110			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
18"	13-3/8"	314	300 ) Existing
12 1/2"	9-5/8"	4190	2900 ) Casing
8-3/4"	5-1/2"	5110	450
	2-3/8"	4850	with packer

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.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
598	24 hrs.	none	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
2" Critical flow Proven	180 psi	480 psi	3/8" orifice

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.

W. K. Byrom  
(Signature)

Geologist  
(Title)

10-19-65  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

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 completed wells.