

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

RECEIVED

Name of Owner		Change in Transporter of:		Other (Please explain)
Well Name		Oil	Dry Gas	
Recompletion		Casinghead Gas	Condensate	
Change in Ownership				

If change of ownership give name and address of previous owner

Name of Lease		Well No. Pool Name, Including Formation	Kind of Lease	Lease No.
1		San Juan San Andres (Gas)	State, Federal or Fee Federal	
Unit Number		100	Feet From The West	Line and 1980
Line of Section		20	Township	9-S
			Range	38-E
			NMPM,	Lea
				County

Name of Authorized Transporter of Oil		or Condensate	Address (Give address to which approved copy of this form is to be sent)	
Union Pacific			2003 Wilco Bldg., Midland, Texas	
Name of Authorized Transporter of Casinghead Gas		or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
Union Pacific Oil Co.			P. O. Box 69, Hobbs, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	1	20	9-S	38-E
				Is gas actually connected? When
				Yes 7-1-66

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

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.B.T.D.					
Direction (DR, RRL, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Performances		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tubing Pressure (Shut-in)	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 herein is true and complete to the best of my knowledge and belief.

P. A. Payne
(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

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 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.