

OF COPIES RECEIVED	
DISTRIBUTION	
TA FE	
E	
G.S.	
ND OFFICE	
TRANSPORTER	OIL
	GAS
PERATOR	
RORATION 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

Cooley & Helcomb

Address

P. O. Box 254, Midland, Texas 79701

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) This well formerly completed by George P. Livermore, Inc. - now Great Western Drilling Co. as shut in gas well February 1949.

If change of ownership give name and address of previous owner Great Western Drilling Company, P.O. Box 1659, Midland, Texas

DESCRIPTION OF WELL AND LEASE

Lease Name <b>Byers-Federal</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Sawyer San Andres Gas</b>	Kind of Lease <b>Federal</b> State, Federal or Fee
Location Unit Letter <b>M</b> ; <b>660</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>West</b> Line of Section <b>30</b> , Township <b>9-South</b> Range <b>38-East</b> , NMPM, <b>Lea</b> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>McWood Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>2003 Wilco Building, Midland, Texas</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Capitan Petroleum, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>3707 Rawlins Avenue, Dallas 19, Texas</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>M</b>	Sec. <b>30</b>	Twp. <b>9S</b>	Rge. <b>38E</b>	Is gas actually connected? <b>Yes</b>	When <b>December 23, 1964</b>

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

IV. COMPLETION DATA See forms filed by George P. Livermore February 19, 1949

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.		
Pool	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.	Water - Bbls.	Gas - MCF

GAS WELL See Form C-116 filed this date

oil

Actual Prod. Test-MCF/D <b>1,036 MCF</b>	Length of Test <b>24 hours</b>	Bbls. Condensate/MMCF <b>35</b>	Gravity of Condensate oil <b>28°</b>
Testing Method (pitot, back pr.) <b>Back Pressure</b>	Tubing Pressure <b>425</b>	Casing Pressure <b>600</b>	Choke Size <b>3/4"</b>

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.

*Robert S. Cooley*  
(Signature)

Partner

(Title)

February 16, 1965

(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.