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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. Operator**  
Operator: ASHMUN & HILLIARD  
Address: 418 Bldg. of the Southwest, 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): Please change operator from Ashmun & Hilliard Oil Co. to Ashmun & Hilliard

If change of ownership give name and address of previous owner: XX

**II. DESCRIPTION OF WELL AND LEASE**  
Lease Name: State "11" Well No.: 1 Pool Name, Including Formation: Sand Springs (Devonian) Kind of Lease: State, Federal or Fee state state Lease No.: E-8259  
Location:  
Unit Letter: G ; 1650 Feet From The north Line and 2310 Feet From The east  
Line of Section 11 Township 11-S Range 34-E , NMPM, Lea County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
The Permian Corporation Address (Give address to which approved copy of this form is to be sent): Box 3119, Midland, Texas 79701  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
none 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 G Sec. 11 Twp. 11-S Rge. 34-E Is gas actually connected? - When -

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.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) 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**  
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pitot, 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.  
[Signature] (Signature)  
Engineer (Title)  
April 8, 1970 (Date)

**OIL CONSERVATION COMMISSION**  
APPROVED [Signature] APR 17 1970  
BY [Signature]  
TITLE SUPERVISOR DISTRICT  
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

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APR 16 1970

OIL CONSERVATION COMM.  
HARRIS N 13