

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROPORTION OFFICE	

NEW LUBBOCK OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I. Operator
Gas Producing Enterprises, Inc.
Address
P.O. Box 235, Midland, Texas 79702
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)

If change of ownership give name and address of previous owner Coastal States Gas Producing Company, P.O. Box 235, Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE
Lease Name Flying "M" (SA) Unit Tr.3 Well No. 1 Pool Name, including Formation Flying "M" San Andres Kind of Lease State, Federal or Free State Lease No. 00-6581
Location
Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West
Line of Section 17 Township 9S Range 33E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Mobil Pipe Line Company Address (Give address to which approved copy of this form is to be sent)
P.O. Box 900, Dallas, TX 75221
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Cities Service Company Address (Give address to which approved copy of this form is to be sent)
P.O. Box 300, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks. Unit I Sec. 17 Twp. 9S Rge. 33E Is gas actually connected? Yes When 10-13-67

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

IV. COMPLETION DATA
Designate Type of Completion - (X)
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RAB, 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/MCF Gravity of Condensate
Testing Method (pilot, 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.
M H Williamson
District Administrative Supervisor
(Signature)
(Title)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY Jerry Sexton
Dist 1, Supv.
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.