## NO. OF COPE RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 SANTA FE REQUEST FOR ALLOWABLE FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE IRANSPORTER -OPERATOR PRORATION OFFICE vergtor Tenneco Oil Company Box 1031, Midland, Texas Other (Please explain) Reason(s) for filing New Well Change in Transporter of Dry Gas Recompletion Change name of field from Casinahead Gas Condensate Undesignated to South Lane Penn If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Fool Name, Including Formation Find of Lease State, Federal or Fee South Lane-Pennsylvanian State State "EF" Unit Letter K ; 2130 Feet From The South Line and 1830 Feet From The West 6 , Township 11-S Range **34-E** , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil X Box 337, Midland, Texas ddress (Give address to which approved copy of this form is to be sent) Service Pipe Line Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas Box 966, Lovington, New Mexico Warren Petroleum Corporation Rge. Twp. give location of tanks. 6 11-s 34-E 12-1-64 Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well Oil Well Workover Designate Type of Completion - (X) F.P.T.D. Date Spudded Date Compl. Ready to Prod. Total Depth

Same Res'v. Diff. Res'v. Top Oil/Gas Pay Tubing Depth Name of Producing Formation Pool Depth Casing Shoe Ferforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-V. TEST DATA AND REQUEST FOR ALLOWABLE able for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Bun To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water-Bbls. Actual Prod. During Test Oil-Bbls.

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

TITLE

## 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.

Y (Signature) R.O. Bowery

District Office Supervisor

February 11, 1965

(Date)

OIL CONSERVATION COMMISSION

County

APPROVED. ΒŸ

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.