NO. OF COPIES REC	EIVED	İ	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

II.

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V.

DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-					Form C=10	
SANTA FE						Old C-104 and C-11	
FILE		AND			Effective 1	Effective 1-1-65 , C.	
U.S.G.S.	_ AUTHO	DRIZATION TO TR		OIL AND	NATURAL (AS ?	Fide .
LAND OFFICE						- 12	PA'PS
TRANSPORTER GAS	_			PHANO	. 05. 005		,
OPERATOR	7		l	TEXAS	OF OPERATION PACIFIC OIL CO	MARINE S	
PRORATION OFFICE	٦		A D	MAISION OF TO	SEPH E. SEAGR	M & COME UM	
Operator				.o.imus r	NUTRO DE COM	PANY INC. I	
TEXAS PACIFIC OIL CO	MPANY			EFFE	CTIVE MAY 1, 1	969	
Address	-						
P. O. Box 1069 - Hob	bs. New Me	exico 88240					
Reason(s) for filing (Check proper box	κ)			Other (Pleas	e explain)	quest Tempor	A P 17
New Well	Change in	Transporter of:		Commissal		-	•
Recompletion	Oil	Dry G	as 🔄			gley Lower & ative Approv	
Change in Ownership	Casinghe	ad Gas Conde	nsate	renarns	WOUTHITS F.	were whbros	# 4 •
If change of ownership give name and address of previous owner							
DESCRIPTION OF WELL AND				nnsylva			
Lease Name	Well No.		Formation R	- 3988	Kind of Leas		Lease No.
J. P. Collier Location	2	Dagley Upper	renn		State, Federa	l or Fee State	NM315
	0 Feet Fro	m The liorth Li	ne and 21	.30	Feet From '	The Rest	
Line of Section 10 To	wnship 11	Range	33-E	, NMPN	Lea		County
_						4	
DESIGNATION OF TRANSPOR Name of Authorized Transporter of Ot				·C: 11	. 7.1		
· · · · · · · · · · · · · · · · · · ·	Amoco Pipelin	ondensate 🗀				ed copy of this form	
Service Pipeline Name of Authorized Transporter of Ca			341	1 Knoxvi	lla, Lubb	ock. Texas yed copy of this form	
•		or Dry Gas	i				is to be sent)
Warren Petroleum Cor		17 Ip				land, Texas	
If well produces oil or liquids, give location of tanks.	Unit Sec.	1 1		tually connect	ed? Who		
give location of tanks.	P 10) 11 33	Ye	8		2-27-66	
If this production is commingled wi	ith that from an	y other lease or pool,	give comm	ningling orde	r number:		
COMPLETION DATA	17	il Well Gas Well	New Well	Workover	Deepen	Plug Back Same	Res'v. Diff. Res'v.
Designate Type of Completi		das wer	1	, , ,	Deepen	Frag Dack Same	Tres v. Dill. Nes v.
Date Spudded	Date Compl. R	leady to Prod.	Total Der	oth		P.B.T.D.	<u></u>
						1011151	
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	icing Formation	Top Oil/C	Gas Pay		Tubing Depth	
, , , , , , , , , , , , , , , , , , , ,		•		•			
Perforations						Depth Casing Shoe	
	т	UBING, CASING, AN	D CEMENT	ING RECOR	D		
HOLE SIZE		& TUBING SIZE		DEPTH S		SACKS	EMENT
					· · · · · · · · · · · · · · · · · · ·		
				·····		· · · · · · · · · · · · · · · · · · ·	
			<u> </u>				
TEST DATA AND REQUEST F	OR ALLOWA	RLE /Test must be a	fter recover	v of total volu	me of load oil	and must be equal to	or exceed ton allow-
OIL WELL	OR MEROWAL	able for this de				and must be equal to	or exceed top ditow-
Date First New Oil Run To Tanks	Date of Test		Producing	Method (Flou	, pump, gas lij	t, etc.)	
Length of Test	Tubing Pressu	re	Casing Pr	essure		Choke Size	
Actual Prod. During Test	Oil-Bhis.		Water - Bb	ls.		Gas - MCF	
	1		<u> </u>	· · · · · · · · · · · · · · · · · · ·			
GAS WELL		 	1 =				
Actual Prod. Test-MCF/D	Length of Tes	t	Bbls. Con	densate/MMC	F	Gravity of Condens	at●
			1				
Testing Method (pitot, back pr.)	Tubing Pressu	re(Shut-in)	Casing Pr	essure (Shut	-in)	Choke Size	
	1		<u> </u>				
CERTIFICATE OF COMPLIAN	CE			OIL	CONSERVA	TION COMMISS	ION
			(
I hereby certify that the rules and			APPR	>V # D	- A 1	الراب المراب	_, 19
Commission have been complied tabove is true and complete to the			l ev	Jal G	XVK	Peris	

Original Signed by

Sheldon Ward

(Signature) Area Superintendent

(Title)

10-7-68

(Date)

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.

THE REPORT OF THE PROPERTY OF