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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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
SEP 2 1 04 PM '65

I. Operator
Ralph S. Cooley
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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brown "35"	Well No. 1	Pool Name, Including Formation Sawyer San Andres Gas	Kind of Lease State, Federal or Fee Federal
Location Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East Line of Section 13 , Township 9-South Range 37-East , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> McWood Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 330, Abilene, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Capitan, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 19598, Dallas, Texas					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 13	Twp. 9S	Rge. 37E	Is gas actually connected? No	When September 15, 1965

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.
		X	X					
Date Spudded 8/9/65	Date Compl. Ready to Prod. 9/1/65	Total Depth 5020	P.B.T.D.					
Pool Sawyer San Andres Gas	Name of Producing Formation San Andres	Top Oil/Gas Pay 4915	Tubing Depth 4926					
Perforations 4915-23-26-31-35-38-61-71-78-84			Depth Casing Shoe 5020					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" - 24#		414		250 sacks circulated			
7-7/8"	4-1/2" - 11.6#		5020		750 sacks regular with 45 gallons latex			

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 8/26/65	Length of Test 24 hours	Bbls. Condensate/MMCF .201 oil/MMCF	Gravity of Condensate 30 degrees - oil
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure 580	Casing Pressure 720	Choke Size 24/64"

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.

Ralph S. Cooley
(Signature)
Operator
(Title)
September 1, 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.

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