

NO. OF COPIES RECEIVED
DISTRIBUTION
SANTA FE
FILE
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

Nov 2 11 48 AM '65

I. Operator Delaware Apache Corporation			
Address 2000 Wilco Building - Midland, Texas			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter oil <input type="checkbox"/>	Undesignated Well Placed in Pool	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Transported Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sally Cole	Well No. Pool Name, Including Formation 1 Jenkins (Cisco)	Kind of Lease State, Federal or Fee Fee
Location Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East Line of Section 25 , Township 9-South Range 34-East , NEEM, 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"/> Magnolia Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas 75221	
Name of Authorized Transporter of Gasineer <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Sinclair Oil & Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1170, Midland, Texas 79701	
If well produces oil or if gas, give location of tank.	Unit A Sec. 25 Twp. 98 Rge. 34E	Is gas actually connected? No YES When 9/14/65 Within the next 30 days

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug back <input type="checkbox"/> Same Res'ty. <input type="checkbox"/> Diff. Res'ty. <input type="checkbox"/>		
Date Spudded	Date Comm. heavy to Prod.	Total Depth	Perforations
Pool	Name of Producing Formation	Top Oil/Gas Pay	Depth of Gas 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	Casing Pressure	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.

Sary Shanna
(Signature)
Area Engineer
(Title)

November 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.