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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION Form C-104
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
FEB 15 1 05 PM '66
Supersedes Old C-104 and C-110
Effective 1-1-65

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)
Originally filed 12/10/65 as a gas well in Sawyer San Andres Gas Field.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brown "09"	Well No. 2	Pool Name, Including Formation Sawyer San Andres Oil	Kind of Lease State, Federal or Fee Federal
Location Unit Letter N ; 1980 Feet From The West Line and 660 Feet From The South Line of Section 18 , Township 9-South Range 38-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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 18	Twp. 9S	Rge. 38E	Is gas actually connected? No	When

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 checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded 12/31/65	Date Compl. Ready to Prod. 2/1/66		Total Depth 5035'		P.B.T.D. 5019'			
Pool Sawyer San Andres Oil	Name of Producing Formation San Andres		Top Oil/Gas Pay 4963'		Tubing Depth 4950'			
Perforations 4963-65-70-74-78-88-92-5008-12-18					Depth Casing Shoe 5035'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" 20#		419'		225 sacks circulated			
7-7/8"	4-1/2" 11.60#		5035'		700 sacks			

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 1/12/66	Date of Test 2/1/66	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 0	Choke Size None
Actual Prod. During Test 62 barrels	Oil - Bbls. 55	Water - Bbls. 7	Gas - MCF TSTM

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.

Ralph S. Cooley
(Signature)
Operator
(Title)

February 4, 1966
(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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