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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
HUSBAND AND WIFE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
FEB 20 9 27 AM '67

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator **Ralph S. Cooley**
Address **P.O. Box 254, Midland, Texas**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain) **EFFECTIVE MARCH 1, 1967**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brown "51"	Well No. 2	Pool Name, Including Formation Sawyer San Andres	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter F ; 1650 Feet From The West Line and 1980 Feet From The North 19 9 South 38 East Line of Section Township Range , NMPM, County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> THE PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 3119, MIDLAND, TEXAS 79701	
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 F Sec 19 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:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

T DATA AND REQUEST FOR ALLOWABLE 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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
h of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

WELL

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

CERTIFICATE OF COMPLIANCE

I certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Ralph S. Cooley
(Signature)

Operator

(Title)

February 17, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *[Signature]*
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 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.