NEW MEXICO OIL CONSERVATION COMMIS.
REQUEST FOR ALLOWABLE
AND HOBBS OFFICE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Nov 30 11 42 AM '66

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

Operator
Southern Natural Gas Company

Address
P. O. Box 1513   Houston, Texas   77001

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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State C	1	Wolfcamp R-3182 Northeast Bagley-Wolfcamp	State, Federal or Fee State	O.G. 200

Location

Unit Letter __C__ ; __660__ Feet From The __North__ Line and __1,980__ Feet From The __West__

Line of Section __11__ Township __11S__ Range __33E__ , NMPM, __Lea__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Pan American Petroleum Company Trucks	P. O. Box 1725 Midland, Texas

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
None	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	11	11S	33E	No	

If this production is commingled with that from any other lease or pool, give commingling order number: __Not Commingled__

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-15-66	11-16-66	10,299	9,319

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Gr 4,235.1	Wolfcamp	8,847	8,755

Perforations	Depth Casing Shoe
8,848'-58 and 8,868'-75'	10,299'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13" 45# Csg.	360	350
12-1/4	9-5/8" 36# and 40	3850	400
8-3/4	7" 23# - 29#	10299	975
	2-3/8" 4.7# Buttr.	8755	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

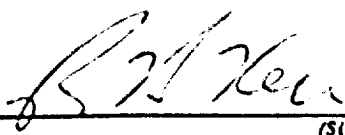**OIL WELL**

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-14-66	11-15-66	Flow	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
21 Hours	550	0	18/64

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
847	678	169	993

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

_____
(Signature)

Production Superintendent
(Title)

November 28, 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 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.