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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ~~ALLOWABLE~~ O.C.C.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

COPY

I. 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 State C Well No. 1 Pool Name, including Formation Wolfcamp Kind of Lease State, Federal or Fee State State Lease No. 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 ☐
Western Oil Transportation Company, Inc. Address (Give address to which approved copy of this form is to be sent)
P. O. Box 3119 Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
None 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 C Sec. 11 Twp. 11S Rge. 33E Is gas actually connected? No When

If this production is commingled with that from any other lease or pool, give commingling order number: Not Commingled

V. COMPLETION DATA
Designate Type of Completion - (X)
X Oil Well X Gas Well X New Well X Workover X Deepen X Plug Back X Same Res'v. X Diff. Res'v. X
Date Spudded 9-15-66 Date Compl. Ready to Prod. 11-16-66 Total Depth 10,299 P.B.T.D. 9,319
Elevations (DF, RKB, RT, GR, etc.) Gr 4,235.1 Name of Producing Formation Wolfcamp Top Oil/Gas Pay 8,847 Tubing Depth 8,755
Perforations 8,848'-58' and 8,868'-75' Depth Casing Shoe 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)
Date First New Oil Run To Tanks 11-14-66 Date of Test 11-15-66 Producing Method (Flow, pump, gas lift, etc.) Flow
Length of Test 21 Hours Tubing Pressure 550 Casing Pressure 0 Choke Size 18/64
Actual Prod. During Test 847 Oil - Bbls. 678 Water - Bbls. 169 Gas - MCF 993

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (prior, 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.
J.R. Hoberling (Signature)
Chief Engineer (Title)
November 16, 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.