

DISTRIBUTION	
ANTAFEE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION 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-11
Effective 1-1-55

Operator Gas Producing Enterprises, Inc.	
Address P. O. Box 235, Midland, Texas 79701	
Reason(s) for filing (Check proper box) Other (Please explain)	
New Well ☐	Change in Transporter or: ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Established Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner Coastal States Gas Producing Company, P.O.Box 235, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 22	Well Name, including Direction 1 Tulk (Penn)	Kind of Lease State, Federal or Fee State	Lease No. L-520
Location Unit Letter I 1980 Feet From The south Line and 660 Feet From The east			
Line of Section 22 Township 14-S Range 32-E N.M.P.M. Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter (Oil) or Condensate	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. I 22 14 32	Is this actually connected? ☐

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)			Old Well	Gas Well	New Well	Workover	Deepen	Plug back	Same Depth	Diff. Depth
Date Spudded	Date Ready to Prod.	Total Depth	F.B.T.D.							
Elevations (DF, RAB, RT, GK, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth							
Perforations			Depth Casing 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)

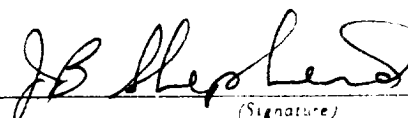
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

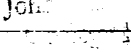
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Testing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)
District Production Superintendent
(Title)
June 25, 1975
(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 multiple