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TRANSPORTER	OIL	
	GAS	
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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-110
Effective 1-1-65

Operator Jake L. Hamon	
Address Box 663, Dallas, Texas 75221	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State K-33	Well No. 2	Pool Name, Including Formation Shoe Bar East, Devonian	Kind of Lease State, Federal or Fee State
Location Unit Letter N ; 554 Feet From The South Line and 1983.7 Feet From The West Line of Section 30 , Township 16-S Range 36-E , 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"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510 Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 730 Hobbs, New Mexico 88240	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 30
	Twp. 16-S	Rge. 36-E
	Is gas actually connected? Yes When May 1, 1969	

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1-20-69	Date Compl. Ready to Prod. 5-1-69		Total Depth 13,040		P.B.T.D. ----			
Pool Shoe Bar East, Devonian	Name of Producing Formation Devonian		Top Oil/Gas Pay 12,977'		Tubing Depth 4963.59			
Perforations 12,997' to 13,002'; 13,016' to 13,036' w/2 jets per ft.					Depth Casing Shoe 13,040'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		433.61		400			
12-1/4"	9-5/8"		4235.00		500			
8-3/4"	5-1/2"		13053.20		740			
	2-7/8"		4963.59					

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 4-1-69	Date of Test 5-1-69	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure ----	Casing Pressure 20	Choke Size ----
Actual Prod. During Test	Oil - Bbls. 284.69	Water - Bbls. 239	Gas - MCF 78.3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Cecil H. Barton
(Signature)
Petroleum Engineer
(Title)
May 7, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **Jake L. Hamon**
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 filled for each pool in multiply completed wells.

