

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

Nov 2 11 55 AM '65

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C.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

1. **ADDRESS**
 Secony Mobil Oil Company, Inc.

P. O. Box 1800, Hobbs, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input 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"/>

To change pool name from Undesignated to North Vacuum Abo.

If change of ownership give name and address of previous owner

II. **DESCRIPTION OF WELL AND LEASE**

County Name Lea State	Well No. 104	Pool Name, Including Formation North Vacuum Abo	Kind of Lease State, Federal or Fee State
Location: Plat Letter B , 520 Feet From The North Line and 2120 Feet From The East			
Line of Section 25 , Township 17-S , Range 34-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"/> Magnolia Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2105, Hobbs, New Mexico
Is well produces oil or liquids, and location of tanks. Unit A Sec. 26 Twp. 17-S Rge. 34-E	Is gas actually connected? Yes When 7-15-65

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-100**

IV. **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.		
FOOT	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

SOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. **TEST DATA AND REQUEST FOR ALLOWABLE ON 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 that New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Action Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

E. J. Kennon
 (Signature)

Group Supervisor
 (Title)

November 1, 1965
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY _____

TITLE _____

This form is to be filed in compliance with RULE 104.
 If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of all 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 filed for each pool in multiply completed wells.