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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 O-104
Supersedes Old O-104 and O-110
Effective 1-1-65

Crown Central Petroleum Corporation	
731 W. Wadley, Building K, Suite 200, Midland, Texas 79701	
Reason(s) for filing (check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Change in Location <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Change in Lease <input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Owner	Well No.	Well Name	Kind of Lease
McCallister	1	West Nadine Drinkard	Fee
Location			
Section	M	660	South
Range	5	20S	38E
County			Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter	Address (Give address to which approved copy of this form is to be sent)
Clayco, Inc.	1681 Greensport Dr., Ste 105, Houston, TX 77060
Name of Authorized Transporter	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum	Highway 146, Mt. Belview, TX 77580
If well produces oil or gas, give location of tanks	
M 5 20S 38E	Yes 2/4/80

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Perforation	Flow Test
Date Drilled	Date Completed	Total Depth	Flow Test				
	Name of Contractor	Total Flow	Flow Test				
Perforations							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Flow Oil Run To Tanks	Date of Test	Flowing Method (Flow, pump, gas lift, etc.)	
Length of Test	Initial Pressure	Stabilized Pressure	Flow Rate
Actual Flow During Test	Water Cut	Water Cut	Water Cut

GAS WELL

Depth of Test	Length of Test	Flowing Method (Flow, pump, gas lift, etc.)	Flow Rate
Initial Pressure	Stabilized Pressure	Water Cut	Water Cut

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.

B. M. Z. Gray

(Signature)

B.G. Li Sooy

Production Engineer

(Title)

June 30, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 2 1982, 19
BY ORIGINAL SIGNED BY
JERRY SEXTON
TITLE DISTRICT 1 SUPR.

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.

One copy of this form must be filed for each pool in multiple