

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-110
Effective 1-1-65

Operator Cleary Petroleum Corporation		
Address P. O. Drawer 2358, Midland, Texas 79702		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well ☐	Change in Transporter of: ☐	Reactivate Morrow zone.
Recompletion ☐	Oil ☐ Dry Gas ☐	
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Pubco Federal	Well No. 1	Pool Name, including Formation Salt Lake, South (Morrow)	Kind of Lease State, Federal or Fee Federal	Lease No. NM093840
Location Unit: Letter L : 3300 Feet From The North Line and 660 Feet From The West Line of Section 2 Township 21-S Range 32-E, NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) First International Bldg., Dallas, Tx. 75270					
Gas Co. of New Mexico	Unit L	Sec. 2	Twp. 21S	Rge. 32E	Is gas actually connected? Yes	When January, 1974

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X			X	
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations 13696-704, 13912-918, Additional Perfs: 13936-939, 13941-944, 13956-958 and 14272-275		TUBING, CASING, AND CEMENTING RECORD			Depth Casing Shoe			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

IV. 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)

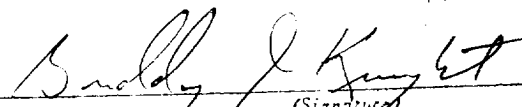
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

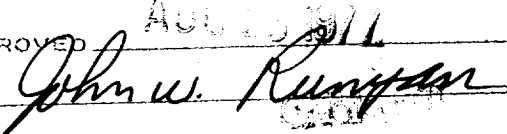
GAS WELL

Actual Prod. Test-MCF/D 680	Length of Test 28	Bbls. Condensate/MMCF 23	Gravity of Condensate 48.7
Testing Method (pilot, back pr.) Meter	Tubing Pressure (Shut-in) 700	Casing Pressure (Shut-in) -0-	Choke Size 12/64

V. 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.


District Production Manager
(Title)
8-3-77
(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 completed wells.

RECEIVED

JUN 11 1977

OIL CONSERVATION COMM.
HOBBS, N. M.

RECEIVED

JUN 4 1977

OIL CONSERVATION COMM.
HOBBS, N. M.