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	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

MAY 8 - 1975  
OIL CONSERVATION COMMISSION  
SANTA FE

**I. OPERATOR**

Operator **F. E. Sauble**

Address **Box 98, Springer, New Mexico 87747**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	<b>Change in ownership from Colfax Carbide to F.E. Sauble on May 1, 1942</b>	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas		<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate		<input type="checkbox"/>

If change of ownership give name and address of previous owner **Colfax Carbide is no longer in existence**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Tex Mex</b>	Well No. <b>1</b>	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <b>D</b>	<b>400</b>	Feet From The <b>North</b>	Line and <b>400</b>	Feet From The <b>West</b>	
Line of Section <b>2</b>	Township <b>26-N</b>	Range <b>24-E</b>	, NMPM, <b>Colfax</b>		County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <b>No</b> When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>X</b>						
Date Spudded <b>October 6, 1937</b>	Date Compl. Ready to Prod. <b>December 6, 1941</b>	Total Depth <b>1521'</b>	P.B.T.D. <b>1511'</b>					
Elevations (DF, RKB, RT, CR, etc.) <b>6250 GR</b>	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>10"</b>	<b>8" ID</b>		<b>57'</b>		<b>None</b>			
<b>8"</b>	<b>6 5/8" ID</b>		<b>652'</b>		<b>3</b>			
<b>6"</b>	<b>5 3/16" ID</b>		<b>1175'</b>		<b>None</b>			
<b>5"</b>	<b>3 1/2" ID</b>		<b>1493'</b>		<b>11</b>			

**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	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

**GAS WELL**

Actual Prod. Test-MCF/D <b>128</b>	Length of Test <b>46 hrs.</b>	Bbls. Condensate/MMCF <b>0</b>	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) <b>156 psi BH</b>	Casing Pressure (shut-in)	Choke Size <b>3/4"</b>

**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.

F. E. Sauble  
(Signature)

\_\_\_\_\_  
(Title)

5-6-1976  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED May 9, 19 75  
BY Carl Ulmer  
TITLE SENIOR PETROLEUM GEOLOGIST

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 multiply completed wells.