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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

MAY 28 1974

RECEIVED

O. C. C.
ARTESIA, OFFICE

Operator Twinlakes Oil Company	
Address Box 1797, Santa Fe, New Mexico 87501	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Citgo State "3"	Well No. 1	Pool Name, including Formation Twinlakes San Andres	Kind of Lease State, Federal or Fee	Lease No. OG 4681
Location				
Unit Letter <u>0</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u>				
Line of Section <u>36</u> Township <u>8S</u> Range <u>28E</u> , NMPM, <u>Chaves</u> 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"/> Mobil Oil Corp.	Address (Give address to which approved copy of this form is to be sent) Box 633, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Twinlakes Oil Co.	Address (Give address to which approved copy of this form is to be sent) Box 1797, Santa Fe, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 1	Twp. 9S	Rge. 28E	Is gas actually connected? Yes	When 5/15/74

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

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 Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 3/11/74	Date Compl. Ready to Prod. 5/15/74		Total Depth 2638		P.B.T.D. 2636'			
Elevations (DF, RKB, RT, GR, etc.) 3946 GR 3952 KB	Name of Producing Formation San Andres		Top Oil/Gas Pay 2601		Tubing Depth 2633			
Perforations 2601-5, 2611-18 w/2 spf					Depth Casing Shoe 2638			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		40'		Circ.			
7-7/8"	4-1/2"		2638		200			

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 5/15/74	Date of Test 5/20/74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 26 BF	Oil-Bbls. 14	Water-Bbls. 12	Gas-MCF 3941

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

Donald G. Steen
(Signature)

President
(Title)

5/23/74
(Date)

OIL CONSERVATION COMMISSION
MAY 30 1974

APPROVED _____, 19____

BY W. A. Grossert

TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 110-.

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.