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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

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APR 23 1974

Operator Twinlakes Oil Co. ✓		D. C. C.	
Address Box 1797, Santa Fe, New Mexico 87501		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)		Other (Please explain)	
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"/>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name O'Brien "H"	Well No. 2	Pool Name, Including Formation Twin Lakes San Andres	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter F	1980'	Feet From The North	Line and 2310'	Feet From The West	
Line of Section 1	Township 9 South	Range 28 East	NMPM,	Chaves	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. (Trucks)	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? When Yes 4-21-74

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 <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 Res. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-20-74	Date Compl. Ready to Prod. 4-20-74		Total Depth 2630'		P.B.T.D. 2629'			
Elevations (DF, RKB, RT, GR, etc.) 3952 GL, 3958' KB	Name of Producing Formation San Andres		Top Oil/Gas Pay 2574'		Tubing Depth 2619'			
Perforations 2574-2604'					Depth Casing Shoe 2630'			
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"		2630'		200			
	2 3/8"		2619'					

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)

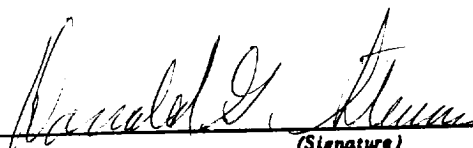
Date First New Oil Run To Tanks 4-20-74	Date of Test 4-21-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 40#	Casing Pressure 20#	Choke Size —
Actual Prod. During Test 61 Bbls.	Oil-Bbls. 55 Bbls.	Water-Bbls. 6 Bbls.	Gas-MCF 8000 Est.

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.

  
\_\_\_\_\_  
President  
\_\_\_\_\_  
4-22-74  
\_\_\_\_\_  
(Date)

OIL CONSERVATION COMMISSION

MAY 3 1974

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY  \_\_\_\_\_

TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device 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 change 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.