

NO. OF COPIES RECEIVED 5

DISTRIBUTION

SANTA FE 1

FILE 1

U.S.G.S.

LAND OFFICE

TRANSPORTER OIL 1
GAS

OPERATOR 2

PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
RECEIVED
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

JAN 22 1970

U. C. C.

ARTESIA, OFFICE

Jack L. McClellan

Box 848, Roswell N.M. 88201

Change in ownership (check proper box)

Change in XX

Change in Transporter of:

Oil ☐

Dry Gas ☐

Casinghead Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lisa "A" Federal	Well No. 8	Pool Name, Including Formation Sulimar- Queen	Kind of Lease State, Federal or Fee Federal
Location Unit Letter N ; 2310 Feet From The West Line and 330' Feet From The South Line of Section 13 , Township 15S Range 29E , 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"/> Havajo Refining Co., Pipe Line Division	Address (Give address to which approved copy of this form is to be sent) No. Freeman Ave, Artesia, N.M. '210					
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 F	Sec. 24	Twp. 15	Rge. 29	Is gas actually connected?	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-26-69	Date Compl. Ready to Prod. 1-17-70		Total Depth 2025' G.L.		P.B.T.D. 2012'			
Pool Sulimar	Name of Producing Formation Queen		Top Oil/Gas Pay 1984'		Tubing Depth 1976'			
Perforations 1984-96					Depth Casing Shoe 2016.02'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10"	8 5/8"		411'		50 Sx.			
8"	5 1/2"		2016'		150 Sx.			
	2"		1976'					

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 1-19-70	Date of Test 1-19-70	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 25#	Casing Pressure 60#	Choke Size 2"
Actual Prod. During Test 90	Oil-Bbls. 90	Water-Bbls. 0	Gas-MCF TSTM

GAS WELL

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

Prod. Supp.

1-20-70

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.