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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-1
Effective 1-1-65

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DEC 14 1976

LAYTON ENTERPRISES, INC.

Address 3103 79th STREET
LUBBOCK, TEXAS 79423

O.C.C.
ARTESIA, OFFICE

Reason(s) for filing (Check proper box)

New Well

☐

Change In Transporter of:

Oil

☐

Dry Gas

☐

Recompletion

☐

Casinghead Gas

☐

Condensate

☐

Change In Ownership

☒

Other (Please explain)

EFFECTIVE DATE 12-1-76

If change of ownership give name
and address of previous owner

CONTINENTAL OIL COMPANY

1. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
FOREST POOL UNIT	21	SQUARE LAKE, SEA	State, Federal or Fed FEDERAL	063496
Location				
Unit Letter	N	990 Feet From The	SOUTH Line and	1651 Feet From The
Line of Section	35	Township	16 S	Range
				27 E, NMPM, EDDY County

2. 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)
W.I.W.		
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	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?
		When

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

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
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					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Press. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

POSTED
ID-376
12-17-76

GAS WELL

Actual Press. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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 R. Layton
(Signature)

PRESIDENT

12-1-76

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 16 1976

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on newly completed wells.

Fill out only Sections I, IV, VII, and VI for change of name, well name or number, or transporter, or other such change of condition.