

DISTRIBUTION		
ANTA FE		
ILE		
S.G.S.		
AND 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-1
Effective 1-1-65

I. OPERATOR
Operator
C. E. LaRue and B. N. Muncy, Jr.
Address
P. O. Box 196, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) Re-Entry

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Saunders	Well No. 9	Pool Name, Including Formation Red Lake (Q,G,SA)	Kind of Lease State, Federal or Fee Federal	Lease No. NMO64023
Location Unit Letter P ; 660' Feet From The South Line and 660' Feet From The East Line of Section 13 Township 17S Range 27E, NMPM, Eddy 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"/> Navajo Crude Oil Purchasing Co	Address (Give address to which approved copy of this form is to be sent) P. O. Box 175, Artesia, New Mexico 88210					
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 P	Sec. 13	Twp. 17S	Rge. 27E	Is gas actually connected? No	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 <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded June 22, 1976	Re-entry	Date Compl. Ready to Prod. June 24, 1976	Total Depth OTD 2553 2550'	P.B.T.D. 1900'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Grayburg	Top Oil/Gas Pay 1638	Tubing Depth 1770	Depth Casing Shoe 1900					
Perforations 1638'-1642' 1772'-1784'									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
11"	8 5/8"	300'	150 Circulated						
7 7/8"	4 1/2"	1900'	125 Sacks						
	2 3/8"	1770							

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 June 25, 1976	Date of Test June 25, 1976	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 85	Oil-Bbls. 35	Water-Bbls. 50	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 (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.

Operator
(Signature)
(Title)
July 1, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 20 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 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 well in multiple.