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TRANSPORTER	OIL	1
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OPERATOR		2
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

RECEIVED

JUN 10 1965

O. G. C.
ARTESIA, OFFICE

I. Operator Archie A. Speir
Address P.O. Drawer 40
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Condensate ☐
Change in Ownership ☒ Casinghead Gas ☐
Other (Please explain) Change lease name from Harbold Federal

If change of ownership give name and address of previous owner Bright Oil Co., Limited P.O. Box 565 Artesia, New Mexico

II. DESCRIPTION OF WELL AND LEASE
Lease Name South Red Lake Unit Tract 2A Well No. 11 Pool Name, Including Formation Red Lake Grayburg Kind of Lease Federal
Location Unit Letter C ; 990 Feet From The North Line and 2310 Feet From The West
Line of Section 35 Township 17 Range 27 NMPM, Sady County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Continental Oil Co. Address (Give address to which approved copy of this form is to be sent) P.O. Box 410 Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
N.A. 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 A Sec. 35 Twp. 17 Rge. 27 Is gas actually connected? 0 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 Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Pool 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

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 Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

GAS WELL
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, 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.
Archie M. Speir
(Signature)
Unit Operator
(Title)
June 9, 1965
(Date)
OIL CONSERVATION COMMISSION
JUL 1 1965
APPROVED BY M. L. Armstrong
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.