

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-  
Effective 1-1-65

RECEIVED

OCT 26 1977

I.

DISTRIBUTION	4
ARTESIA	1
ILE	1
S.G.S.	
AND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	1
PRODUCTION OFFICE	

Operator

Paul Slayton

Address

P O Box 1936 Roswell, N. Mex. 88201

O. C. C.

ARTESIA, OFFICE

Other (Please explain)

Reason(s) for filing (Check proper box)

New Well

☐

Change in Transporter of:

Recompletion

☐

Oil

☒

Dry Gas

☐

Change in Ownership

☒

Casinghead Gas

☐

Condensate

☐

If change of ownership give name  
and address of previous owner

H & S Oil Company

301 Booker Bldg. Artesia, N. Mex. 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Hastie	Well No.	4	Pool Name, Including Formation	Empire	Kind of Lease	Fed	Lc	045818 A
Location									
Unit Letter	M	1120	Feet From The	So.	Line and	330	Feet From The	W.	
Line of Section	18	Township	17 S	Range	28 E-	NMPM,	Eddy	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Navajo Crude Oil Purchasing Co.				No. Freeman Ave. Artesia, N Mex 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	18	17S	28 E	No.	

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 Rest.	Diff. Rest.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Elevations (DF, RKB, RT, GR, 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					

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 (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.

*Ruby Wickersham*  
(Signature)

Clerk

(Title)

10-25-77

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

*W. A. Gressett*  
SUPERVISOR, DISTRICT II

TITLE

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 such change.



NO. OF COPIES RECEIVED		4
DISTRIBUTION		
SANTA FE		/
FILE		/-
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	
OPERATOR		/
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
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Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED

APR 24 1968

I. Operator  
**H & S Oil Company**  
Address  
**301 Booker Building 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)

O. C. C.  
ARTESIA, OFFICE

If change of ownership give name and address of previous owner **Simms & Reese Oil Co. 301 Booker Bldg. Artesia, N. Mex.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>hastie</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>Empire</b>	Kind of Lease State, Federal or Fee <b>Fed. LC-045813A</b>	Lease No.
Location Unit Letter <b>M</b> ; <b>1120</b> Feet From The <b>South</b> Line and <b>330</b> Feet From The <b>West</b> Line of Section <b>18</b> Township <b>17</b> Range <b>28</b> , NMPM, <b>Eddy</b> 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"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 3119 Midland, Texas</b>			
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. <b>L 18</b>	Sec. <b>17</b>	Twp. <b>28</b>	Rge. <b>No</b>	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, 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			

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 (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.

**Rene Mayan**  
(Signature)  
**Agent**  
(Title)  
**4-18-68**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 10 1968**, 19  
BY **W. P. Grissett**  
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 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 pool in multiply completed wells.