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U.S.G.E.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	1
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

FEB 14 1972

(51)

I. Operator:  
Bill Jones Oil Company ✓  
Address:  
Box 2606, Odessa, Texas 79760  
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):  
from Admiral Crude oil Corp.  
If change of ownership give name and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE  
Lease name: Iles Federal Well No.: 4 Pool Name, including Formation: High Lonesome Queen Kind of Lease: State, Federal or Fee Federal Lease No.: 046119A  
Location:  
Section: 17 Township: 16S Range: 29E NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Approved Transporter of Oil: ☒ or Condensate: ☐  
Scurlock Oil Company Address (Give address to which approved copy of this form is to be sent): 1216 Vaughn Bldg., Midland, Texas 79701  
Name of Approved Transporter of Casinghead Gas: ☐ or Dry Gas: ☐  
Address (Give address to which approved copy of this form is to be sent):  
No market  
If well produces oil or liquids, give location of tanks: Unit: N Sec: 17 Twp: 16S Rge: 29E Is gas actually connected? When:

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, GK, 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:

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.  
President: (Signature)  
2-9-72 (Date)  
OIL CONSERVATION COMMISSION  
APPROVED: FEB 14 1972, 19  
BY: W. A. Gressett  
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.