

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
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

JUN 23 1969

O. C. C.  
ARTESIA, OFFICE

Operator <b>Cima Capitan, Inc. (N.S.L.)</b>	
Address <b>211 N. Ervey, Pm. 1413, Dallas, Texas 75201</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State B 1111</b>	Well No. <b>2</b>	Pool Name, Including Pool Location <b>Red Lake Grayburg</b>	Kind of Lease State, Federal or Fee	Lease No. <b>B-1111</b>
Location Unit Letter <b>F</b> <b>2310</b> Feet From The <b>N</b> <b>1650</b> Line and <b>2800</b> Feet From The <b>W</b> <b>South</b>				
Line of Section <b>22</b> Township <b>17S</b> Range <b>28E</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"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Navajo Refining Company, Pipe Line Div.</b>	<b>North Freeman Ave., Artesia, N. M. 88210</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)
<b>None</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>F</b> Sec. <b>22</b> Twp. <b>17S</b> Rge. <b>28E</b> Is gas actually connected? <b>No</b> When

If this production is commingled with that from any other lease or pool, give commingling order number: **PC 198**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res
Date Spudded	Date Compl. Ready to Prod.		Total Depth <b>1959</b>		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 1 barrel 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.

**Lee Figueroa**  
(Signature)  
**Vice President**  
(Title)  
**June 19, 1969**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 30 1969**  
BY **W. A. Bessett**  
TITLE **OIL AND GAS INSPECTOR**

This form is to be filed in compliance with RULE 11  
If this is a request for allowable for a newly drill well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 11  
All sections of this form must be filled out complete on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for each well name or number, or transporter, or other such change.  
Separate Forms C-104 must be filed for each completed wells.