

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

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51

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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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:		Other (Please explain)	
Recompletion	☐	Oil	☒	Dry Gas	☐
Change In Ownership	☒	Casinghead Gas	☐	Condensate	☐

If change of ownership give name and address of previous owner: SUN OIL COMPANY, Box 1861, MIDLAND, TEXAS 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name DAVIS FEDERAL	Well No. 5	Well Name, including Formation HIGH LONESOME QUEEN	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 068677
Location Unit Letter <u>F</u> <u>1900</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line of Section <u>15</u> Township <u>16S</u> Range <u>29E</u> , NMPM, <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ ADMIRAL CRUDE OIL CORPORATION	Address (Give address to which approved copy of this form is to be sent) Box 1713, MIDLAND, TEXAS 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ NO MARKET	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 <u>D</u> Sec. <u>15</u> Twp. <u>16S</u> Rge. <u>29E</u>	Is gas actually connected? <u>When</u>

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	☐ Flow Well	☐ Workover	☐ Deepen	☐ Plug Back	☐ Fine Res'tv.	☐ Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Test Oil/Gas Pay	Testing 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

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.

OIL CONSERVATION COMMISSION
APPROVED MAY 4, 1971, 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

Betty L. H. [Signature]
SECRETARY-TREASURER
APRIL 1, 1971
Date

