

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes OIL C-104 and C-110

Effective 1-1-65

RECEIVED

MAR 24 1971

O.C.C.
ARTESIA, OFFICE

Bill Jones Oil Company

Box 645, Odessa, Texas 79760

Reason for filing (check appropriate box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

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

Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
1	High Lonesome Queen	State, Federal or Fee State	E-134
Location			
Unit Letter E	1980	Feet From The North	Line and 660
Feet From The West			
Line of Section 16	Township 16S	Range 29E	NMPM, Eddy
			County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Admiral Crude Oil Corporation	Box 1713, Midland, Texas 79701					
Name of Authorized 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	Sec.	Twp.	Range	Is gas actually connected?	When
	G	16	16S	29E		

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	Ream Hole	Drill, Ream, Plug
Date completed	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, REB, RT, CR, 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

(Test must be after recovery of total volume of load oil and must be equal to or exceed test allowable for this depth or be for full 24 hours)

Date First Flow Oil Ran to Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-LB/D.	Water-LB/D.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Emis. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (static-in)	Casing Pressure (static-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

3-22-71

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 24 1971

BY

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.