SA TAFE .G.S. ID OFFICE

NEW MEXICO OIL CONSERVATION COMMITTED REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS-

		 						- OA3		
	TRANSPORTER OIL) GAS OPERATOR 2						R	ĔČEIVĚ	ČEIVĒĎ	
ı	PRORATION OFFICE				•					
	Operator				FEB 1 9 1975					
	C and C Operating Corporation /									
•	P.O. Box 1829, Hobbs, New Mexico Reason(s) for filing (Check proper box)				88240 ARTESIA, OFFICE					
	New Well Change in Transporter of:									
	Recompletion Change in Ownership X	Oil Casinghea		Dry G	ias			•		
	If change of ownership give name and address of previous owner	· Joe A c	'ol omen							
11.	DESCRIPTION OF WELL AND LEASE									
	Ledse Name	Well No.	Pool Name, Inc	luding F	ormation		Kind of Le		Legge No.	
	Hanson Federal	1_1	W. Hen	shaw	Graybu	ırg	State, Fed	eral or Fee Feder	al LC06776	
	Unit Letter;	6601 Feet From	The Nort	th_L	ne and66	01	Feet Fro	m The West		
	Line of Section 12	Township 16S	Ra	nge 3(DE	, NMPN	л, <u>Е</u>	ddv	County	
111.	DESIGNATION OF TRANSPO	RTER OF OIL A	AND NATUR	AL GA	ıs			•		
	The Permian Con		ndensate 🗀		Address (G	ive address	to which app	roved copy of this form	is to be sent)	
:	Name of Authorized Transporter of (Casinghead Gas	or Dry Gas		Address (G	Box 1	183 H to which app	Ouston Texi	is to be sent)	
	If well produces oil or liquide, give location of tanks.	Unit Sec.	Twp. 1	Rge.	Is gas actua	ally connect	ed? v	/hen		
IV.	If this production is commingled to COMPLETION DATA	with that from any	other lease o	r pool,	No give commin	igling order	number:			
	Designate Type of Complet	tion (Y)	Well Gas	Well	New Well	Workover	Deepen	Plug Back Same	Res'v. Diff. Res'v.	
}	Date Spudded	Date Compl. Rec	rdu to Dood		<u> </u>	! !		Jane	i	
-	Flourity (DE Day)				Total Depth			P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Product	ng Formation		Top Oil/Gas	Pay		Tubing Depth		
	Perforations				Depth Casing Shoe					
[TUBING, CASING, AND CEMENTING RECORD									
-	HOLE SIZE	CASING &	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
		+							1	
-										
V n	FEET DAMA AND DESCRIPTION						•			
	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable.) (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable.)									
	Date First New Oil Run To Tanks	Oil Run To Tanks Date of Test			Producing Method (Flow, pump, gas lift, etc.)					
	Length of Test	Tubing Pressure	ubing Pressure		Casing Pressure			Choke Size	Choke Size	
-	Actual Prod. During Test	Oil - Bbls.			Water - Bbls.		· · · · · · · · · · · · · · · · · · ·	Gas-MCF		
L								GGS-MCF		
_	AS WELL	·						•		
L	Actual Prod. Test-MCF/D	Length of Test			Bbls. Conden	eate/MMCF		Gravity of Condensa	t•	
Ĺ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	,	Casing Press	we (Shut-i	(a)	Choke Size		
VI. C	I. 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 CO	DNSERVA	TION COMMISSION		
1						APPROVED FEB 191975 BY ARRESTED 19				
						TITLE SUPERVISOR DISTRICT II				
						This form is to be filed in compliance with RULE 1104.				
	(Signa			 ∥	If this is a request for sllowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the					
-	Owner - Operator (Tule) 2-7-75					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,				
	(Da	te)			well name o	t unmpet o	ctions I, II, or transporte -	III, and VI for change or other such change	nges of owner, ge of condition.	