

NO. OF COPIES RECEIVED	
DISTRIBUTION	
MAILING	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	X
REGISTRATION OF FEE	
Operator	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-11
Effective 1-1-65

RECEIVED

JUN 24 1980

Operator Talmadge Oil Co. Star Route West Box 41 Artesia, New Mexico 88210
Address Star Route West Box 41 Artesia, New Mexico 88210 O. C. D.
ARTESIA, OFFICE

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	Change of ownership 6/1/80	
Incompletion ☐	Casinghead Gas ☐ Condensate ☐		
Change in Ownership ☒			

Change of ownership give name and address of previous owner The Dow Company P.O. Box 885 Artesia, New Mexico 88210

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>S.W. Henshaw Premier Unit</u>	<u>5</u>	<u>West Henshaw Grayburg</u>	State, Federal or Fee <u>Federal</u>	<u>NM 0610</u>
Location				

Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East

Line of Section 18 Township 16S Range 30E , NMEP, Eddy County

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)					
<u>WIW</u>						
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Is well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp.	Rge.	Is gas actually connected?	When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Shut Res'n	Part. Prod.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Revisions (DP, 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

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 trap 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 (flow, 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.

Danay Seis
(Signature)
Clerk
(Title)
June 20, 1980
(Date)

OIL CONSERVATION COMMISSION

JUN 30 1980

APPROVED _____, 19

BY Mike Williams

OIL AND GAS INSPECTOR

TITLE _____

This form is to be filled in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or recompleting well, this form must be accompanied by a tabulation of down-hole tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for allowable or no and is completed well.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.