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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS
OPERATOR	/
PRODUCTION 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-105
Effective 1-1-65

RECEIVED

JUN 26 1969

Operator

RyderSCO Management Company

Address

922 - 8th Street, Wichita Falls, Texas 76101

O. C. C.
ARTESIA OFFICE

Reason(s) for filing (Check proper box)

New Well

Change in Transporter of:

Recompletion

Oil

Dry Gas

Change in Ownership

Casinghead Gas

Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Well No.

Pool Name, Including Formation

Kind of Lease

Lease No.

Robinson

3

Chr. Jackson, Green Chr. SA

State, Federal or Foreign

Federal

LC 029492

Location

Unit Letter: 330 Feet From The 8 Line and 2000 Feet From The 4

Line of Section: 25 Township: 16 Range: 31, 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)

Navajo Refining Co., Pipe Line Division

1000 - 10th Ave., Artesia, N.M. 88210

Name of Authorized Transporter of Casinghead Gas or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

none

If well produces oil or liquids,
give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

1

25

16

31

no

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

Same Res'v.

Diff. Res'v.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (OF, 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

(Test must be after recovery of total volume of load oil and must be equal to or exceed sop allow-
able 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

Test Method

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

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.

John S. Halser
(Signature)

Agent

(Title)

June 18, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUN 26 1969

BY

W. A. Gressitt

OIL AND GAS DIVISION

TITLE

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 allow-
able 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.