

DISTRIBUTION		4
IN STATE		1
OUT OF STATE		1
S.G.S.		1
AND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		1
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-11
Effective 1-1-65

RECEIVED

I.

Operator		BOYD OPERATING COMPANY	
Address		Box 1756, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change of Transporter etc.	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Change of Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Change of Lease	<input type="checkbox"/>
		Place on production.	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	ROBINSON	Well No.	3	Pool Name, Including Formation	Gbr, Jackson, Qn GBR SA	Kind of Lease	State, Federal or Fee	Fed LC	Lease No.	029492 A
Location										
Unit Letter	O	330	Feet From The	S	Line and	2310	Feet From The	E		
Line of Section	25	Township	16S	Range	31E	NMPM,	Eddy	County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Navajo Refining Co, Pipeline Division		Address (Give address to which approved copy of this form is to be sent)		Box 159, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	NONE		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	Sec.	Twp.	Range	Is gas actually connected?	When
	N	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 (DF, 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 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	SW-PROD.	Water-Prod.	Gas-MOP

GAS WELL

Actual Prod. Test-MOP/D	Length of Test	SW-Condensate/MMOP	Gravity of Condensate
Testing Method (pitot, 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.


T. M. Boyd, Owner

8/22/77

(Title)

(Date)

OIL CONSERVATION COMMISSION

SEP 1 1977

APPROVED

BY

W. A. Gussert
SUPERVISOR, DISTRICT II

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 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.