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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	5
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
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

W1W

Frank Darden and Associates	
1522 Fort Worth National Bank Building, Fort Worth, Texas 76102	
Reasons for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of operator effective January 1, 1965
Change in Transporter of <input type="checkbox"/>	
Oil <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	

If change of ownership give name and address of previous owner: Previous operator - Newmont Oil Company, Artesia, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Well No.	Pool Name, Locality, Formation	Kind of Lease
Johnson	1 Square Lake (Grayburg-San Andres)	Federal
Location		State, Federal or Free
Section	660	Feet From The North Line and 1980 Feet From The West
Range	33	Township 16S Range 31E
County	Eddy	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Water injection well		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Is well gas lifted or is gas, type formation of water	Unit	Sec.

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 Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Name	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Performance								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	MAR 22 1965					
O. C. C. ARTESIA, OFFICE								

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	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

APR 1 1965

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY M. C. C.  
TITLE OIL AND GAS INSPECTOR

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.

C. W. Stumhoffer

C. W. Stumhoffer (Signature)

Manager of Operations

(Title)

March 18, 1965

(Date)

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