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TRANSPORTER	OIL	
	GAS	
OPERATOR		2
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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-110
Effective 1-1-65

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MAY 19 1965

I. Operator **Mercury Production Company** **O. C. C. ARTESIA, OFFICE**
Address **1522 Fort Worth National Bank Building, Fort Worth, Texas 76102**
Reason(s) for filing (Check proper box) **Change of operator effective April 1, 1965**
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

If change of ownership give name and address of previous owner **Previous operator - Frank Darden and Associates, Fort Worth, Texas**

II. DESCRIPTION OF WELL AND LEASE

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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Water injection well	Address (Give address to which approved copy of this form is to be sent) -	
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) -	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
-	-	-
	Twsp.	Rge.
	-	-
	Is gas actually connected? When	
	-	

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.			
Pool	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	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

C. W. Stumhoffer

C. W. Stumhoffer (Signature)
Manager of Operations

May 4, 1965

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 19 1965**, 19
BY *M. L. Armstrong*
TITLE **OIL AND GAS INSPECTOR**

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.

Form C-104 must be filed for each pool in multiply completed wells.