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LAND OFFICE	
TRANSPORTER	OIL 1
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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-105
Effective 1-1-65

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JUN 20 1969
JUN

O. C. C.
ARTESIA, OFFICE

Ryder Scott Management Company

922 - 8th Street, Wichita Falls, Texas 76301

Reason for filing (Check proper box)

New well

Recompleted

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

☒

Dry Gas

Condensate

Other (Please explain)

Previous owner give name
and address of previous owner

II. LEASE INFORMATION

Lease Name: **Hustate** Well No.: **2** Pool Name, including Formation: **B Gbr. Jackson, Queen Gbr. S. A.** Kind of Lease: **State, Federal or Fed** State: **S** Lease No.: **E-8633**

Location:

Section: **L** ; **1650** Feet From The **S** Line and **330** Feet From The **W**

Range: **36** Township: **16** Range: **31** , NMPM, **Eddy** County

III. 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 **No. Freeman 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)

Continental Oil Co. **Drawer 1267, Ponca City, Okla.**

If well produces oil or liquids, give location of tanks. Unit: **L** Sec.: **36** Twp.: **16** Rge.: **31** Is gas actually connected? **yes** When: **unknown 1-1-62**

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 Restv. Diff. Restv.

Date spaced Date Compl. Ready to Prod. Total Depth P.B.T.D.

Elevations (D.F., R.W., 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 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

Actual Prod. Total-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

Testing Method (flow, back pr.) Tubing Pressure (Gauge-in) Casing Pressure (Gauge-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.

OIL CONSERVATION COMMISSION

APPROVED **JUN 26 1969**

BY **W. A. Gressett**

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 1111.

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.

Jean S. Halsary
(Signature)

Agent

(Title)

June 17, 1969

(Date)