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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	3
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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

RECEIVED

AUG 17 1966

O. C. C.  
ARTESIA, OFFICE

I. OPERATOR <b>CIMA CAPITAN, INC. (NSL)</b>	
Address <b>Box 1343, ARTESIA, N.M.</b>	
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>STATE B-2884</b>	Well No. <b>4</b>	Pool Name, including Formation <b>SQUARE LAKE (GB-SA)</b>	Kind of Lease <input checked="" type="radio"/> State <input type="radio"/> Federal or Fee
Location Unit Letter <b>A</b> : <b>10</b> Feet From The <b>NORTH</b> Line and <b>10</b> Feet From The <b>EAST</b> Line of Section <b>36</b> , Township <b>16S</b> Range <b>30E</b> , NMPM, <b>E004</b> 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"/> <b>CONTINENTAL PIPELINE Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>ARTESIA, N.M.</b>		
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 <b>WATER INJECTION WELL</b>	Sec. <b>10</b>	Is gas actually connected? <b>WELL</b>

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) <b>WATER INJECTION</b>		Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'ty. <input type="checkbox"/> Diff. Res'ty. <input type="checkbox"/>
Date Spudded <b>5-18-66</b>	Date Compl. Ready to Prod. <b>AUG 15, 1966</b>	Total Depth <b>3250</b>
Pool <b>SQUARE LAKE</b>	Name of Producing Formation <b>GB-SA</b>	Top Oil/Gas Pay <b>3022</b>
Perforations <b>3022-23; 3064-74; 3098-3104; 3210-20 (4/Ft.)</b>		Tubing Depth <b>3133</b>
TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe <b>3250</b>
HOLE SIZE <b>18"</b>	CASING & TUBING SIZE <b>13 7/8"</b>	DEPTH SET <b>44</b>
<b>4 1/2" 7 7/8"</b>	<b>4 1/2"</b>	<b>3250</b>
		SACKS CEMENT <b>76 SURFACE</b>
		<b>350 SK</b>

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 <b>WATER INJECTION WELL</b>	Date of Test <b>WELL</b>	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 (pilot, 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.

**W. H. Parks**  
(Signature)

**Engineer**  
(Title)

**15 August 1966**

OIL CONSERVATION COMMISSION

APPROVED **AUG 17 1966**, 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