

NO. RECEIVED	5
DISTRICT	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
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-105
Effective 1-1-65

RECEIVED
JUN 20 1969

O. C. C.
ARTESIA OFFICE

Operator
Ryder Scott Management Company

Address
922 - 8th Street, Wichita Falls, Texas 76301

Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☒	Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☐

If change of ownership give name
and address of previous owner

Lease Name Carper Johnson A	Well No. 7	Pool Name, Including Formation Gr. Jackson, Queen Cbr. SA	Kind of Lease State, Federal or Fee Fed.	Lease No. LC 029438-
Location Sec. <u>N</u> <u>860</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>W</u> <u>35</u> Township <u>16</u> Range <u>31</u> , NMPM, <u>Eddy</u> County				

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Refining Co., Pipe Line Division					Address (Give address to which approved copy of this form is to be sent) No. Freeman Ave., Artesia, N. M. 88210	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ 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 K	Sec. 35	Twp. 16	Rge. 31	Is gas actually connected? yes no	When

If this production is commingled with that from any other lease or pool, give commingling order number:

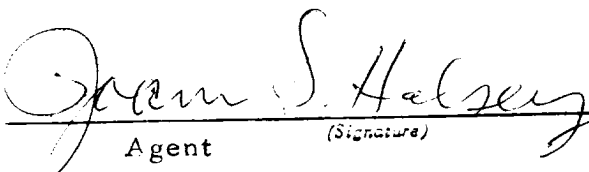
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (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. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

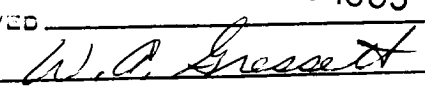
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Agent (Signature)

June 17, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED
BY 
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