

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		/
FILE		/
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	
OPERATOR		2
PRORATION 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-110
Effective 1-1-65

I.

Operator Ryder Scott Management Company	
Address 922 - 8th Street, Wichita Falls, Texas 76301	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mulcock Federal	Well No. 1	Pool Name, Including Formation Square Lake, G. S. A.	Kind of Lease Federal	Lease No. LC 063925
Location				
Unit Letter K	2310	Feet From The W	Line and 1650	Feet From The S
Line of Section 25	Township 16S	Range 30E	NMPM,	Eddy 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"/> Continental Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Drawer 1267, Ponca City, Okla. 74602	
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 K	Sec. 25
	Twp. 16S	Rge. 30E
	Is gas actually connected?	When
	No	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-6-67	Date Compl. Ready to Prod. 9-17-67	Total Depth 3200' 3200	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) KB 3813	Name of Producing Formation Premier & Lovington	Top Oil/Gas Pay 2960'	Tubing Depth 3150					
Perforations 2960-66; 2998-3006; 3028-40; 3161-71	Depth Casing Shoe 3200							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
18"	14"	28'	Circulated					
12-1/4"	8-5/8"	748'	150 sx					
7-7/8"	5-1/2"	3200	250 sx					
5-1/2"	2-3/8"	3150	-					

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 9-17-67	Date of Test 9-19-67	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 20#	Casing Pressure 20#	Choke Size
Actual Prod. During Test 55 bbls.	Oil - Bbls. 5	Water - Bbls. 55	Gas - MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Joann S. Halsey
(Signature)
Agent
(Title)
9/27/67
(Date)

OIL CONSERVATION COMMISSION

APPROVED *W. A. Gressett*, 19 *1967*
BY *W. A. Gressett*
TITLE *Commissioner*

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 completed wells.