

DISTRIBUTION		3
SALE	TA	FE
FEE		
G.S.		
D OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

DEC 20 1973

I. Operator IBM Development, Inc. **O. C. C.**
Address 505 North 2nd St., P.O. Box 115, Artesia, N.M. 87003 **ARTESIA OFFICE**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter ☐ Other (Please explain)
Recompletion ☐ Oil ☐
Change in Ownership ☐ Casinghead Gas ☐
If change of ownership give name and address of previous owner Robert W. Birdwell, Draper 40, Artesia, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No. Pool Name, Location	Kind of Lease	Lease No.
Location	Unit Letter	State, Federal or Fee	
Line of Section	Township	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Write 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"/>	Write address to which approved copy of this form is to be sent
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. R.S.G.
Is well connected?	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well
Date Spudded	Date Compl. Ready to Prod.	Workover
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Deeper
Perforations		Plug Back
		Same Restv.
		Diff. Restv.
		Dis. Pay
		Taking Depth
		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 run for a minimum of total volume of load oil and must be equal to or exceed top allowable for this formation for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Gas-WCF

GAS WELL

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

[Signature]
(Signature)
[Title]
(Title)
[Date]
(Date)

OIL CONSERVATION COMMISSION

APPROVED [Signature] 19 73
OIL AND GAS INSPECTION

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, name or number, or transporter, or other such change of condition.