

DISTRIBUTION			
SA	TA	FE	
F	E		
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

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

DEC 26 1973

I. OPERATOR

Operator NEW MEXICO OIL CONSERVATION COMMISSION, Inc. D. C. C.
Address ARTESIA, OFFICE
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter ☐
Recompletion ☐ Oil ☐
Change in Ownership ☐ Casinghead Gas ☐
Other (Please explain) 87102
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name C Well No. 1 Pool Name, if any 1
Location State, Federal or Fee Lease No.
Unit Letter L Feet From The 10
Line of Section 5 Township 27 County 10

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
If well produces oil or liquids, give location of tanks. _____
Unit _____ Sec. _____ Twp. _____
If this production is commingled with that from any other lease or pool _____

IV. COMPLETION DATA

Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐
Date Spudded _____ Date Compl. Ready to Prod. _____
Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____
Perforations _____
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE _____ CASING & TUBING SIZE _____
DEPTH SET _____ SACKS CEMENT _____

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks _____ Date of Test _____
Length of Test _____ Tubing Pressure _____
Actual Prod. During Test _____ Oil - Bbls. _____
(Test must be run for a minimum of total volume of load oil and must be equal to or exceed top allowable for this well for full 24 hours)
Testing Method (Flow, pump, gas lift, etc.) _____
Pressure _____ Choke Size _____
Gas - MCF _____

GAS WELL

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

W. A. Grassett
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19 _____
This form is to be filed in compliance with RULE 1104.
This is a request for allowable for a newly drilled or deepened well. This form must be accompanied by a tabulation of the deviation 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.