

DISTRIBUTION		
STATE		
FED.		
U.S.		
OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE

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

AUTHORIZATION TO REPORT OIL AND NATURAL GAS  
RECEIVED

DEC 20 1973

I.

Operator \_\_\_\_\_ Inc.

Address \_\_\_\_\_

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

\_\_\_\_\_ 37102

Other (Please explain) \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Prod. Name, Location	Kind of Lease	Lease No.
			State, Federal or Fee	
Location				
Unit Letter		Feet From The		
Line of Section	Township		NMPM,	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	(Give 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"/>	(Give 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.
	Prod.
	connected? When

If this production is commingled with that from any other lease to be reported, give name and location of other lease.

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 CEMENT 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 well for 24 hours)

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

GAS WELL

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

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_ 19\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

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 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.