

DISTRIBUTION		
TA FE		
S.S.		
D OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

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

RECEIVED

JAN 7 1974

I. OPERATOR
Operator Resources, Inc.
Address D.C.C. ARTESIA OFFICE
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Gas ☐
Recompletion ☐ Casinghead Gas ☐
Change in Ownership ☐ Other (Please explain):
If change of ownership give name and address of previous owner Resources, Inc.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Resources, Inc.</u>	Well No. <u>1</u>	Pool Name, number <u>1</u>	Kind of Lease <u>State, Federal, or Free</u>	Lease No. <u>1</u>
Location Unit Letter <u>U</u> Feet From The <u>North</u> Line of Section <u>1</u> Township <u>1</u> Range <u>1</u> NMPM, <u>1</u> dy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address to which approved copy of this form is to be sent
		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. Range
		Is well connected? <u>Yes</u>

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

IV. COMPLETION DATA

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Gravimetric/MCF	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.

OIL CONSERVATION COMMISSION
APPROVED 1974 19
W. A. Gussett

President

(Signature)

(Title)

1-3-74

(Date)

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