

SA TAFE		
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 1-1-55

RECEIVED

FEB 16 1976

TH

I. Operator
Fair Oil, Ltd.
Address
P. O. Box 689, Tyler, Texas 75701
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
Fair Oil Company, P. O. Box 689, Tyler, Texas 75701

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "A"	Well No. 1	Loco Hills Grayburg - (Q.G.SA)	Kind of Lease State, Federal or Fee State	Lease No. B-2023
Location Unit Letter I ; 1650 Feet From The South 330 Feet From The East Line of Section 36 Township 17 S Range 29E , 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"/> Texas-New Mexico Pipe Line Company	Give address to which approved copy of this form is to be sent Midland, Texas
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 I Sec. 36 Twp. 17S Rge. 29E Is gas actually connected? No When

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	Gas Well	Flow Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.					P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Tubing Depth		
Perforations						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 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

Nat'l. Production
(Signature)
Agent
(Title)
2-11-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 19 1976**, 19
BY W.A. Grossett
TITLE SUPERVISOR, DISTRICT II

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 rate 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.