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NEW MEXICO OIL CONSERVATION COMMIL , JN REQUEST FOR ALLOWABLE AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED SEP 2 6 1973 PRORATION OFFICE Horizon Oil & Gas Co. of Texas O.C.C A. FIFFICE P.O. Box 7. Spearmen, Texas 79081 (Check proper box) Reason(s) for filing Other (Please explain) New Well OH Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ R. SC15 5-28-7 II. DESCRIPTION OF WELL AND LEASE Lease No 8514 7 State, Federal or Fee State State 28 Com 2 Und Grayburg Atoka Location 1980 Feet From The South Line and Feet From The Unit Letter , NMPM 175 Range 29E Eddy Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) er Dry Gas P.O.Box 283 Houston, Texas 77001 Natural Gas Pipeline of America Ege. Twp. If well produces oil or liquids, 17\$ give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v Oil Well Gas Well New Well Workove: Plug Back Designate Type of Completion - (X) X X P.B.T.D. Date Compl. Ready to Prod Total Depth Impediately 8-16-73 **4-27-73**vations (DF, RKB, RT, GR, etc., 10,790 10,890 Tubing Depth ormation Top Oll/Gas Pay 10,239 10,326 <u>61-3571, KB 3582.4</u> Atoka Depth Casing Shoe Perforations 10870 10327-341 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET 15" 350 400 11-3/4" 42# 350 35001 8-5/8" 32# 11" 20# 10.870' 300 7-7/8" 2-1/16" 10.239 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Tubing Pressure Casing Pressure Length of Test Oil-Bbls. Water - Bbls. Gas - MCF Actual Prod. During Test **GAS WELL** Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Gravity of Condensate Length of Test 24hrs. -0-Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) 22/64 Packer <u> 3659</u> Back Pressure OIL CONSERVATION COMMISSION JAN 16 1974 APPROVED 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.

VI. CERTIFICATE OF COMPLIANCE

EXPO!
(Signature) Production Manager
Production Manager (Title)
9-21-73
(Date)

TITLE _OIL AND GAS INSPECTOR

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

Separate Forms C-104 must be filed for each pool in multiply completed wells.