

DISTRIBUTION	
SALE AREA	1
FILE	1
DATE	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Superseding Old C-101 and C-111
Effective 1-1-65

RECEIVED

APR 22 1981

O. C. D.
ARTESIA OFFICE

C. E. LARUE & B. N. MUNCY, JR.

Address
P. O. BOX 196 ARTESIA, NEW MEXICO 88210

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☒
Change in Ownership	☐	Dry Gas	☐
		Casinghead Gas	☐
		Condensate	☐

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Gates Federal	Well No. 2	Pool Name, including Formation Leo Queen Grayburg SA	Kind of Lease State, Federal or Fee Federal	Lease No. NM27277
Location Unit Letter K ; 1650 Feet From The South Line and 2310 Feet From The West Line of Section 15 Township 18S Range 30E NMFM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175 Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Is well produces oil or liquid ☒ or gas ☐ Give location of tanks.	Is gas actually connected? When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Unl. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.T.D.			
Deviation (Dr, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Operator

(Date)

April 1, 1981

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 27 1981
BY W. A. Gussert
SUPERVISOR, DISTRICT 2
TITLE

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.