

SA	TA	FE
FI	E	
G.S.		
LD	OFFICE	
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

MAR 8 - 1979

O.C.C.
ARTESIA, OFFICE

Abilene, Texas 79605

ILLEGIBLE

If change of ownership give name and address of previous owner

A. N. Daniels
1109 Ward Ave.
Abilene, Texas 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name	Kind of Lease	Lease No.
Southern Union	1	Loco Hills Q, GB, SA	State, Federal or Fee Federal	LC0437521
Location	Unit Letter	Feet From The	Feet From The	
	A	990 East	330 North	
Line of Section	18	Township	18S	30E
				NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Name address to which approved copy of this form is to be sent				
Texas-New Mexico Pipeline		P.O. Box 2528, Abilene, TX 79605				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Name 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.	Res.	Is well fully connected?	When

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						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 at least 24 hours of total volume of load oil and must be equal to or exceed top allowable for this depth for full 24 hours)

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

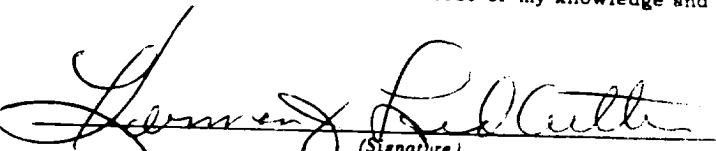
Posted
3-9-79
changed
operator

GAS WELL

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


Operator
March 6, 1979
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAR - 8 1979
W. A. Gessert
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 from 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.

