

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 1-1-65

RECEIVED

SEP 4 1975

O. C. C.
ARTESIA, OFFICE

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|---|---|------------------------------|
| Lease Name <u>FID BN</u> | Well No. <u>1</u> | Pool Name, including Formation <u>N Benson - Queen Maybung</u> | Kind of Lease State, Federal or Fee <u>FID</u> | Lease No. <u>NM 06245</u> |
| Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>west</u> Line of Section <u>35</u> Township <u>18 South</u> Range <u>30 East</u> NMPA <u>EDdy</u> 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"/> <u>Navajo crude oil purchasing</u> | Address (State address to which approved copy of this form is to be sent) <u>Artesia, n. m. 88210</u> | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (State address to which approved copy of this form is to be sent) | | | | |
| If well produces oil or liquids, give location of tanks. | Unit <u>D</u> | Sec. <u>35</u> | Twp. <u>18 S</u> | Range <u>30 E</u> | When <u>MO</u> |

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

IV. COMPLETION DATA

| | | | | | | | | | | | |
|------------------------------------|-----------------------------|----------------------------------|------------------|------------|-------------------|-----------|------------------|----------------------|-------|--------------|--|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | Condensate | Dry Gas | Plug Back | Shut-in | Diff. Restv | | | |
| Date Spudded | Date Compl. Ready to Prod. | | Date First Prod. | | Date First Prod. | | Date First Prod. | | | | |
| Elevations (DF, AKB, RT, GR, etc.) | Name of Producing Formation | | Tubing Depth | | Depth Casing Shoe | | | | | | |
| Perforations | | TUBING, CASING, AND PERFORATIONS | | HOLE SIZE | | | | CASING & TUBING SIZE | DEPTH | SACKS CEMENT | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

| | | | |
|---------------------------------|-----------------|---|-----------|
| Date First New Oil Run To Tanks | Date of Test | (Test must be allowable for production) | |
| Length of Test | Tubing Pressure | Shut-in Pressure | |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Oil - Condensate/MCF | 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.

J. S. Martin
(Signature)
Prod. Sec. II
(Title)
9-4-75
(Date)

OIL CONSERVATION COMMISSION

SEP 4 1975

APPROVED _____, 19

BY W. A. Gressett
SUPERVISOR, DISTRICT II

TITLE _____

This form is to be filled 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 V for changes of owner, well name or transporter or other such changes of condition.