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FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator _____

Address _____

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

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

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JUL 31 1969

O. C. C.
ARTESIA, OFFICE

Change in Transporter of:	Other (Please explain)
1. <input type="checkbox"/> Wet Gas	from Kelly
2. <input type="checkbox"/> Dry Gas	
3. <input type="checkbox"/> Gas	
4. <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name _____

Location _____

Unit Letter **G** ; **1980**

Line of Section **28** Towns _____

Well No. 94	Pool Name, Including Formation _____	Kind of Lease State, Federal or Fee _____	Lease No. _____
Feet From The North Line and 1980 Feet From The East		Range _____, NMPM, County _____	

III. DESIGNATION OF TRANSPORTER

Name of Authorized Transporter of Oil _____

Name of Authorized Transporter of Gas _____

If well produces oil or liquids, give location of tanks. _____

IV. DESIGNATION OF TRANSPORTER

Oil or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) _____		
Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) _____		
Sec. 28	Twp. _____	Rge. _____	Is gas actually connected? XXXX 1960

from any other lease or pool, give commingling order number: **4-1-50 7-1-63**

IV. COMPLETION DATA

Designate Type of Completion _____

Date Spudded _____

Elevations (DF, RKB, RT, GR, etc.) _____

Perforations _____

HOLE SIZE _____

Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
X) Compl. Ready to Prod.		Total Depth _____		P.B.T.D. _____			
of Producing Formation _____		Top Oil/Gas Pay _____		Tubing Depth _____			
				Depth Casing Shoe _____			

TUBING, CASING, AND CEMENTING RECORD		
CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

Date First New Oil Run To Tanks _____

Length of Test _____

Actual Prod. During Test _____

ALLOWABLE (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)

of Test _____	Producing Method (Flow, pump, gas lift, etc.) _____	
ing Pressure _____	Casing Pressure _____	Choke Size _____
Bbls. _____	Water-Bbls. _____	Gas-MCF _____

GAS WELL

Actual Prod. Test-MCF/D _____

Testing Method (pitot, back pr.) _____

gth of Test _____	Bbls. Condensate/MMCF _____	Gravity of Condensate _____
ing 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.

ations of the Oil Conservation Commission and that the information given it of my knowledge and belief.

OIL CONSERVATION COMMISSION

APPROVED _____ 19 _____
BY **W. A. Grissett**
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.