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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

Operator J.C. Hammond	
Address 2502 West Richardson	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Texaco State	Lease No. 4	Well No. 1	Pool Name, Including Formation North Benson	Kind of Lease E-9262
Location Unit Letter C 330 Feet From The North Line and 2310 Feet From The West Line of Section 32 32 Township 18 South Range 30 East , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Western Oil Transporter	Artesia, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	3 32 18S 30E No Waiting on Connection

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded May 17	Date Compl. Ready to Prod. 11-765	Total Depth 2966	P.B.T.D. 2966					
Elevations (DF, RKB, RT, GR, etc.) 3440	Name of Producing Formation Penrose	Top Oil/Gas Pay 2837	Tubing Depth 2829					
Perforations 2837-2838-2859-2861-2871-2884-2898-2943-2944-2948-2949	Depth Casing Shoe 2966							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/2"	10" casing	270	None					
10"	8 5/8"	498	25					
8"	4 1/2" upset	2829 2966	225					
	2" upset	2829						

V. 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 11-11-65	Date of Test 11-12-65	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hr.	Tubing Pressure 300 Lbs.	Casing Pressure 150 Lbs.	Choke Size 12/64
Actual Prod. During Test 50 Cr.	Oil - Bbls. 50	Water - Bbls. none	Gas - MCF unknown

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.C. Hammond
(Signature)
President
(Title)
11/13/65
(Date)

OIL CONSERVATION COMMISSION

NOV 12 1965

APPROVED _____, 19

BY W.A. Gressitt

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.

