

**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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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

I. OPERATOR

Operator Ryder Scott Management Company ✓

Address 922 - 8th Street, Wichita Falls, Texas 76301

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner Texas Pacific Oil Company, P. O. Box 1069, Hobbs, N. M.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State "A L"</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Artesia Gbr, San Andres</u>	Kind of Lease <u>State, Federal or Fee State</u>	Lease No. <u>NM-443</u>
Location				
Unit Letter <u>K</u>	<u>1650</u>	Feet From The <u>South</u>	Line and <u>2310</u>	Feet From The <u>West</u>
Line of Section <u>20</u>	Township <u>18-S</u>	Range <u>28-E</u>	<u>NMPM,</u>	County <u>Eddy</u>

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>The Permian Corp. (Trucks)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 3119, Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 6666, Odessa, Texas</u>
If well produces oil or liquids, give location of tanks.	Unit <u>K</u> Sec. <u>20</u> Twp. <u>18</u> Rge. <u>28</u> Is gas actually connected? <u>Yes</u> When <u>11-3-67</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, 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			

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	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 (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.

Jean Halsey
(Signature)
Agent
Oct. 11, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED 14 1968, 19 _____

BY W. A. Gressett

TITLE OIL AND GAS INSPECTOR

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.

1. Name of well: _____

2. Location of well: _____

3. Date of completion: _____

4. Name of contractor: _____

5. Name of owner: _____

6. Name of operator: _____

7. Name of lessee: _____

8. Name of leasehold: _____

9. Name of mineral interest: _____

10. Name of mineral interest owner: _____

11. Name of mineral interest lessor: _____

12. Name of mineral interest lessee: _____

13. Name of mineral interest leasehold: _____

14. Name of mineral interest leasehold owner: _____

15. Name of mineral interest leasehold lessor: _____

16. Name of mineral interest leasehold lessee: _____

17. Name of mineral interest leasehold leasehold: _____

18. Name of mineral interest leasehold leasehold owner: _____

19. Name of mineral interest leasehold leasehold lessor: _____

20. Name of mineral interest leasehold leasehold lessee: _____

VI. COMPLETION DATA

If this production is commingled with that from any other lease or pool, give commingling data in column 1.

Production Type of Completion - (1)	Oil Well	Gas Well	Water Well	Workover	Leasehold	Top Back	Some Part	Other	Reserv.
Date of completion									
Name of producing formation									
Depth, casing shoe									

TUBING, CASING, AND CEMENTING RECORD

DATE	DEPTH	CASING & TUBING SIZE	DEPTH SET	BACKS CEMENT

V. TEST DATA AND INSIGHT FOR ALLOWABLE OIL WELL

(Data must be after recovery of total volume of sand oil and must be subject to or exceed top allowable for this depth or as for this formation)

DATE	DEPTH OF TEST	TEST PRESSURE (PSIA)	TEST PRESSURE (PSIA)	TEST PRESSURE (PSIA)	TEST PRESSURE (PSIA)

DATE	DEPTH OF TEST	TEST PRESSURE (PSIA)	TEST PRESSURE (PSIA)	TEST PRESSURE (PSIA)	TEST PRESSURE (PSIA)

DECLARATION OF COMPLIANCE

I hereby certify that the data 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.

APPROVED: _____

DATE: _____

OIL CONSERVATION COMMISSION

The forms to be filed in compliance with RULE 110A. 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 test taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-sole on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or recompleted or other such change of condition. This form must be filed for each pool in multiply-