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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

FEB 16 1972

I. Operator **R. Q. Silverthorne** **O.C.C.**  
Address **ARTESIA, OFFICE**  
**P.O. Box 498, Artesia, New Mexico 88210**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☒ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain) **CASINGHEAD GAS MUST NOT BE  
BURNED AFTER 4-14-72  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED**

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Keinath - Federal</b>	Well No. <b>4</b>	Pool Name, including Formation <b>Shugart - Grayburg</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM 01375</b>
Location Unit Letter <b>M</b> ; <b>990</b> Feet From The <b>South</b> Line and <b>330</b> Feet From The <b>West</b> Line of Section <b>25</b> Township <b>18-S</b> Range <b>30E</b> , NMPM, <b>Eddy</b> 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"/> <b>Texas New Mexico Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1510, Midland, Texas 79701</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <b>N</b>	Sec. <b>25</b>
	Twp. <b>18S</b>	Rge. <b>30E</b>
	Is gas actually connected? <b>No</b> When	

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 <input type="checkbox"/>	New Well <input checked="" 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"/>
Date Spudded <b>1-17-72</b>	Date Compl. Ready to Prod. <b>2-14-72</b>		Total Depth <b>3558</b>		P.B.T.D. <b>3508</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3445 G.L.</b>	Name of Producing Formation <b>Grayburg</b>		Top Oil/Gas Pay <b>3467</b>		Tubing Depth <b>3450</b>			
Perforations <b>3467 to 3496</b>					Depth Casing Shoe <b>3508</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>11"</b>	<b>8 5/8"</b>		<b>716</b>		<b>350</b>			
<b>8"</b>	<b>5 1/2"</b>		<b>3558</b>		<b>450</b>			
	<b>2</b>		<b>3450</b>					

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 <b>2-14-72</b>	Date of Test <b>2-14-72</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <b>125 bbls.</b>	Oil - Bbls. <b>100</b>	Water - Bbls. <b>2650</b>	Gas - MCF <b>25</b>

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.

**Nancy King**  
(Signature)  
**Agent**  
(Title)  
**February 15, 1972**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 17 1972**, 19\_\_\_\_  
BY **W. A. Gressett**  
**OIL AND GAS INSPECTOR**  
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.