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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

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JAN 11 1967

I.

Western Oil Fields, Inc.		O. C. C.
Address		ARTESIA, OFFICE
P.O. Box 1137, Hobbs, New Mexico		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well	Change in Transporter of:	
Completion	Oil	Dry Gas
Change in Ownership	Casinghead Gas	Condensate
		Change Location of Tank Battery
		045-49

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Continental State B-08096	Well No. 67	Pool Name, including Proration Turkey Track Queen	Kind of Lease B-8096
			State, Federal or Fee State
Location			
Unit Letter 0	330	Feet From The South	Line and 1650
		Feet From The East	
Line of Section 9	Township 19S	Range 29E	NMCM, Eddy 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"/>	Address (Give address to which approved copy of this form is to be sent)		
Continental Pipeline Company	P.O. Box 367 Artesia, New Mexico		
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)		
No Gas			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 15	Twp. 19S
			Range 29E

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't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	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

(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-Bois.	Water-Bois.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bois. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, 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.

Production Clerk  
(Title)

January 9, 1967  
(Date)

OIL CONSERVATION COMMISSION

APPROVED

JAN 12 1967

BY

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 Sections I, II, III, and VI only 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