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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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APR 18 1966

Operator	Pioneer Production Corporation	
Address	P. O. Box 2542, Amarillo, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well ☐	Change in Transporter of:	Change operator from Paul E. Haskins to Pioneer Production Corporation.
Accompletion ☐	Oil ☐	Dry Gas ☐
Change in Ownership ☒	Casinghead Gas ☐	Condensate ☐

If change of ownership give name and address of previous owner: Previous Operator: Paul E. Haskins

II. POOL OR FIELDS OWNED AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.				
Southern Federal	7	Hackberry Yates, North	State, Federal or Fee Federal	NM C6814				
Location	Unit Letter	990 Feet From The	South Line and	330 Feet From The West				
Line of Section	30	Township	19S	Range	31E	NMPM	Eddy	County

III. TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipe Line Company	P. O. Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tank.	Unit	Sec.	Twp.	R.	Is gas actually connected?	When
	A	30	19S	31E	No	

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 Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.					
Elevations: WT, RWD, 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 (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 96 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
Water Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
Oil-Bbls.	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size
Testing Method (Flow, back pw)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size

VI. CERTIFICATION 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.

W. A. Gressett
Production Supt.
April 8, 1966
[Signature]

OIL CONSERVATION COMMISSION

APPROVED APR 18 1966, 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 all 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.