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(P)

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

RECEIVED

MAR 19 1965

Tenneco Oil Company

D. C. C.
ARTESIA, OFFICE

Box 1031, Midland, Texas

Reprints, for use of the proper box

Other (Please explain)

New Well
Refractured
Casinghead Gas

Change in Transporter of:

Oil



Dry Gas



Casinghead Gas



Condensate

Change oil transporter from The Permian Corporation, Effective 3-11-65
Also change pool designation from undesignated

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Well No.	Pool Name, including Formation	Kind of Lease
1	Lusk Strawn	State, Federal or Fee Federal
Location		
1980 Feet From The North Line and 660 Feet From The East		
23 Township 19-S Range 31-E, NMPM, Eddy County		

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of 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)				
Texas-New Mexico Pipe Line Co.	Box 1510, Midland, Texas				
Name of Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Continental Oil Company	Box 460, Hobbs, New Mexico				
Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
K	24	19-S	31-E	yes	2-18-65

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
Depth Casing Shoe								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

III. 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 and Time of Test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
API Gravity of Oil	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tubing Pressure	Casing Pressure	Choke Size

IV. 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.



(Signature)

R.O. Bowery

District Office Supervisor

(Title)

March 17, 1965

(Date)

OIL CONSERVATION COMMISSION

MAR 29 1965

APPROVED _____, 19

BY 
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 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 completed wells.