

DISTRIBUTION	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	
PRORATION OFFICE	

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

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

NOV 8 1977

NOV 8 1977  
DISTRICT OFFICE

I. Operator  
Corvina Oil Corporation

Address

P. O. Drawer 2960 Midland, Texas 79702

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)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pan Canadian	Well No. 1	Pool Name, Including Formation <del>North Cemetery</del> Morrow	Kind of Lease State, Federal or Fee Federal	Lease NM 050 364
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>34</u> Township <u>19-S</u> Range <u>25E</u> , NMPM, Eddy				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Summit Gas Company	2510 W. Front St. Midland, Texas 79701
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)
Natural Gas Pipeline Co. of America	P. O. Box 283 Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
F 34 19-S 25-E	Yes 10-1-77

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 Rest.	Diff. R
		XX		XX				XX
Date Spudded	Date Compl. Ready to Prod. 10-8-77	Total Depth 9640	P.B.T.D. 9550					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Morrow	Top Oil/Gas Pay 9236	Tubing Depth 9318					
Perforations 9236-9318			Depth Casing Shoe 9640					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	473	Circ to surf					
12 1/4	8 5/8	1320	Circ to surf					
7 7/8	4 1/2	9640	325 sacks					
		27/8"	9318 4/16 C 9185					

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 of well 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 158.4	Length of Test 4 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) Flow 940	Casing Pressure (Shut-in)	Choke Size Various

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.

C Alan Bump  
(Signature)

Engineering Assistant  
(Title)

November 16, 1977  
(Date)

OIL CONSERVATION COMMISSION

NOV 28 1977

APPROVED \_\_\_\_\_, 19

BY W. A. Gussert

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-