

DISTRIBUTION  
SANTA FE  
FILE  
U.S.G.S.  
LAND OFFICE  
TRANSPORTER  
GAS  
OFFICE FOR  
PRODUCTION OFFICE

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

FEB 16 1966

O. E. O.  
ARTESIA, OFFICE

McClair Oil & Gas Company

P.O. Box 1920, Hobbs, New Mexico

Production for Testing (Check proper box)

Change in Transporter of:

Oil ☐

Dry Gas ☐

Casinghead Gas ☐

Condensate ☐

Other (Please explain) To request approval to truck to pipeline approximately 680 bbls condensate recovered during testing of gas well.

Name of ownership give name  
Address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well No.	Pool Name, Including Formation	Kind of Lease
1	Undesignated	State, Federal or Fee Federal
Feet From The East Line and 880 Feet From The South		
Township 22S Range 25E NMPM, Eddy County		

III. TRANSPORTER OF OIL AND NATURAL GAS

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)
McClair Corporation	Box 3119, Midland, Texas
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)
Gas Flared to air during test.	
Unit 0 1 22S 25E	Is gas actually connected? No

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.L.					
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			

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 Flow To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	Tubing Pressure	Casing Pressure	Choke Size
Flowing Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
(pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Superintendent

(Title)

2-5-66

OIL CONSERVATION COMMISSION

APPROVED FEB 17 1966, 19

BY W. A. Gressett

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 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 which a