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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

RECEIVED

MAR 15 1965

Operator Geo. D. Riggs		O. C. C.
Address Box 116, Carlsbad, New Mexico		ARTESIA, OFFICE
Reason(s) for filing (Check proper box) Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mayfield-Fedral 18-06254-A	Well No. 4	Pool Name, including Formation Saladar-Yates (yates)	Kind of Lease Fedral
Location			
Unit Letter 0	330 Feet From The south Line and 1753 Feet From The east		
Line of Section 33	Township 20 South	Range 28 East	County Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119 Midland Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> (none produced)	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit 0 Sec. 33 Twp. 20S Rge. 28E	Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: **(not commingled)**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 6 - 9 - 64	Date Compl. Ready to Prod. 3 - 12 - 65	Total Depth 730	P.E.T.D.
Pool Saladar-Yates	Name of Producing Formation Yates	Top Oil/Gas Pay 642	Tubing Depth 660
Perforations (produced from open hole)	Depth Casing Shoe 640		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8 1/2	7 1/2	441	(mudded and pulled)
6 1/2	5 1/2	640	100
2" EUE Tubing at 660		660	

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 New Oil Run To Tanks 3-12-65	Date of Test 3-13-65	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 1	Oil-Bbls. 1	Water-Bbls. none	Gas-MCF trace

GAS WELL

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

Geo. D. Riggs
(Signature)
Operator

Mar 13, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 15 1965**, 19
BY **M. L. Armstrong**
TITLE **OIL AND GAS INSPECTION**

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