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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 5 1965

Operator Geo. D. Riggs		O.C.C. ARTESIA, OREGON	
Address Box 116, Carlsbad, New Mexico 88220			
Reason(s) for filling (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 Hughes-Fedral NM 08257	Well No. 7	Pool Name, including Formation Saladar-Yates	Kind of Lease State, Federal or Free Fedral
Location Unit Letter N ; 990 Feet From The south Line and 1808 Feet From The west			
Line of Section 33 , Township 20 south Range 28 east , NMPM, Eddy County			

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 K	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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen.	Plug Back	Same Resrv.	Diff. Resrv.
X								
Date Spudded 10-21-64	Date Compl. Ready to Prod. 3-29-65		Total Depth 633		P.R.T.D.			
Pool Saladar-Yates	Name of Producing Formation Yates		Top Oil/Gas Pay 610		Tubing Depth 630			
Perforations (open hole)					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 8 1/2 6 1/2	CASING & TUBING SIZE 7 1/2 5 1/2		DEPTH SET 424 602		SACKS CEMENT (mudded and pulled) 100 sacks			
2	2		630					

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 24 hours)

Date First New Oil Run To Tanks 3-29-65	Date of Test 3-31-65	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 5	Oil-Bbls. 5	Water-Bbls. none	Gas-MCF 1 plus/minus

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
(Title)
April 3, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 5 1965**, 19
BY **M. L. Armstrong**
TITLE **SEAL BAR 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