

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

# CHANGE

# REVIEW

FFB 10 1266

OK

ANTENNA OFFICE

!

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lessee Name <b>J. H. SMITH - USA</b>		Well No. <b>1</b>	Pool Name, Including Formation <b>Indian Basin-Upper Penn</b>	Kind of Lease State, Federal or Fee <b>FED.</b>
Location Unit Letter <b>F</b> , <b>1650</b> Feet From The <b>NORTH</b> Line and <b>1650</b> Feet From The <b>WEST</b> Line of Section <b>11</b> , Township <b>22-S</b> Range <b><del>33-E</del> 34-E</b> , NMDM, <b>FERRY</b> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DENOMINATION OF TRUNK ORIGIN 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) Box 3119, MIDLAND TEXAS	
Name of Authorized Transporter of Gasineous Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent) CARLSBAD, N. M.	
Name of Authorized Transporter of Gasineous Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent) CARLSBAD, N. M.	
If well produces oil or liquids, give location of tanks.					Is gas actually connected?	
Unit      Sec.      Twp.      Rge.					When	
F      11      22      33					YES	
9-29-65					9-29-65	

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

#### IV. COMPLETION DATA

Designate Type of Completion - (V)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spotted	Date Compl. Ready to Prod.		Total Depth			F.B.T.D.			
Feet	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
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 New Oil Run To Tank	Date of Test	Producing Method ( <i>Flow, pump, gas lift, etc.</i> )	
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	Length of Test	Bbls. Condensate/MVCF	Gravity of Condensate
Testing Method ( <i>pitot, back pr.</i> )	Piping 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.

OIL CONSERVATION COMMISSION

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

BY M. L. Gunning

TITLE 1944-45 N.B.I. - 1945

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 valid change of information.

04-AMOC-4

Signature \_\_\_\_\_

Title:

Area Sup  
2-9-66