

OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
RECEIVED
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

FEB 28 1974

U. C. C.
ARTESIA, OFFICE

D. L. Hannifin & Joe Don Cook

P. O. Box 945, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

Oil well ☒
 Recompletion ☐
 Change in Ownership ☐

Change in Transporter of:
 Oil ☐
 Casinghead Gas ☐
 Dry Gas ☐
 Condensate ☐

Owner (Please explain)

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 4-26-74
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED**

If change of ownership give name
and address of previous owner

LOCATION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Fee	Lease No.
Merland	1	Wildcat - Delaware	State, Federal or Fee		
Location	Unit Letter	Section	Feet From The	Line and	Feet From The
	J	2030	South	1846	East
Line of Section	24	Township	22S	Range	26E
				NMPM,	Eddy
					County

TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Co.	N. Freeman Ave., Artesia, N. M. 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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	Sec.	Twp.	Range	Is well actually connected?	When
	J	24	22	26	No	

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

DESIGNATION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-24-74	2-25-74	4518	4488					
Elevation (DF, RKB, RT, GR, etc.,)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3174 GR	Delaware	4454	4375					
Perforation			Depth Casing Shoe					
4454 - 56 & 4458-64			4518					

HOLES, CASING, AND TUBING RECORD

HOLES	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8	375	250
7 7/8	5 1/2	4518	450
	2 3/8	4375	

TEST DATA AND REQUEST FOR ALLOWABLE

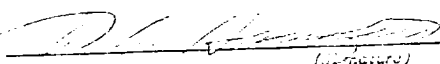
(Test must be after recovery of total volume of load oil and must be equal to or exceed test volume
able for this depth or so for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Flowing Method (Flow, pump, gas lift, etc.)
2-25-74	2-26-74	Flowing
Length of Test	Tubing Pressure	Casing Pressure
5 hrs.	400	550
Actual Prod. During Test	Oil-Boils.	Water-Boils.
38 BO	38	None
		Gas-MCF
		145 MCFPD

Actual Prod. Test-MCF/D	Length of Test	Boils. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Gauge-12)	Casing Pressure (Gauge-12)	Choke Size

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.


(Signature)

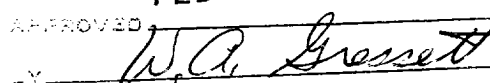
Co-Owner

February 28, 1974

(Date)

OIL CONSERVATION COMMISSION
FEB 28 1974

APPROVED



TITLE **OIL AND GAS INSPECTOR**

This form is to be filed in compliance with Rule 104.
If this is a request for allowable for a well which is being
worked, this form must be accompanied by a statement of the
test run on the well in accordance with Rule 104.
This section of this form must be filled out completely for
wells on new and recompleted wells.
Fill out only sections I, II, III, and IV for change of
well name or number, or transportation or other such change of
information. Form C-104 must be filed for each test or
allowable.