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LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
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-11
Effective 1-1-65

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DEC 7 1977

Operator C & K Petroleum, Inc. ✓	
Address P.O. Drawer 3546 Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☒
Change in Ownership ☐	Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Carlsbad 12 Com	Well No. 1	Pool Name, including Formation South Carlsbad (Morrow)	Kind of Lease State, Federal or Fee	Fee
Location				
Unit Letter 0	840	Feet From The South	Line and 1760	Feet From The East
Line of Section 12	Township 22-S	Range 26-E	, NMPM, Eddy County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 297, Midland, Tx. 79701					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2521, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 12	Twp. 22-S	Rge. 26-E	Is gas actually connected? Yes	When 11-9-77

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest. P.B.L. No.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
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/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.



Administrative Supervisor
(Title)

December 6, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 7 1977, 19

BY W.A. Gressett

TITLE SUPERVISOR, DISTRICT II

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 gravity tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.