| | NO. OF COPIES RECEIVED | | | | | | | | |
|-----|--|---|--|--|--|--|--|--|--|
| - | DISTRIBUTION | NEW MEXIC | O OIL CONSERVATI | ION COMMISSION | F | Orm C-104 | | | |
| - | SANTA FE | | | WABLE | | upersedes Old C-104 and C-1 Effective 1-1-65 | | | |
| - | FILE /- | AUTHORIZATION | AND | | 241 242 | •••• | | | |
| - | U.S.G.S. | AUTHORIZATION | TO TRANSPORT C | IL AND NATU | RAL GAST E | C.E. | | | |
| - | OIL / | | BEC | EIVED | | PIVED | | | |
| | TRANSPORTER GAS / | | KLU | Les 1 4 max max | | | | | |
| | OPERATOR 4 | | | | 140 | V 1 2 1965 | | | |
| . L | PRORATION OFFICE / | | NOV | 1 6 1965 | | · - · | | | |
| | Operator | → | 65 | - - | ARTE | · C. C. | | | |
| - | Oulf Oil Gorgo Address | eration | | . C. C. BIA, OFFICE | | OFFIGE | | | |
| | New AZA Believ | s, New Mercies 8624 | - | | | | | | |
| - | Reason(s) for filing (Check proper box) | AND PROPERTY OF THE PARTY | | ther (Please explai | | | | | |
| | New Well | Change in Transporter of | f: | to combin a | | | | | |
| 1 | Recompletion | Oil | Dry Gas | | | å your letter | | | |
| | Change in Ownership | Casinghead Gas | Condensate | of November | 3, 1903 | | | | |
| | f change of ownership give name nd address of previous owner | | | | | | | | |
| | DESCRIPTION OF WELL AND I | LEASE Well No. | Pool Name, Including | Formation | Kind of | _ease | | | |
| - | White City Penn, Gas C | on No. 1 | White City | Perm Gas | State, Fe | ederal or Fee | | | |
| | Unit Letter ;; | Feet From The | Line and | Fee | t From The | est | | | |
| | Line of Section 🥻 , Tow | vnship 👪 F | Range | , NMPM, | Eddy | County | | | |
| .] | DESIGNATION OF TRANSPORT | TER OF OIL AND NATU | RAL GAS | | | f this form is to be sent! | | | |
| | Name of Authorized Transporter of Oil or Condensate | | | ina address to which | h approved conv o | Address (Give address to which approved copy of this form is to be sent) | | | |
| | | | Address (G | | | j this joint is to be sent) | | | |
| | The Permian Corporati | 023 | Address (G | 157, Mdlan | d, Toxas | | | | |
| | Name of Authorized Transporter of Cas | inghead Gas or Dry Ga | Address (G | ive address to whic | h approved copy o | f this form is to be sent) | | | |
| | The Permian Corporati | inghead Gas or Dry Ga | Address (Gi | ive address to whic | h approved copy o | | | | |
| | Name of Authorized Transporter of Cas The Produces oil or liquids, give location of tanks. If this production is commingled with | inghead Gas. or Dry Ga | Address (Gi | ive address to whic | h approved copy o | f this form is to be sent) | | | |
| | Name of Authorized Transporter of Cas If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA | inghead Gas. or Dry Ga | Address (Gi | ive address to whic | h approved copy o | f this form is to be sent) | | | |
| | Name of Authorized Transporter of Cas If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion | inghead Gas. or Dry Ga | Address (Gangle Address (Gangl | ive address to whice ally connected? Ingling order numb | When Plug Ba | ck Same Res'v. Diff. Res | | | |
| | Name of Authorized Transporter of Cas If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA | inghead Gas. or Dry Ga | Address (Gi | ive address to whice ally connected? Ingling order numb | h approved copy o | ck Same Res'v. Diff. Res | | | |
| | Name of Authorized Transporter of Cas Transporter Management of Management Products of Production of Inguids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded | inghead Gas. or Dry Ga | Address (Gi | ive address to whice ally connected? Ingling order numb Workover Dee | When Plug Ba | ck Same Res'v. Diff. Res' | | | |
| | Name of Authorized Transporter of Cas If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion | inghead Gas. or Dry Ga | Address (Gi | ive address to whice ally connected? Ingling order numb Workover Dee | when Plug Ba | ck Same Res'v. Diff. Res | | | |
| | Name of Authorized Transporter of Cas Transporter Management of Management Products of Production of Inguids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded | inghead Gas. or Dry Ga | Address (Gi | ive address to whice ally connected? Ingling order numb Workover Dee | when Plug Bar P.B.T.E | ck Same Res'v. Diff. Res | | | |
| | Name of Authorized Transporter of Cas The Authorized Transporter of Cas If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Pool | inghead Gas. or Dry Ga | Address (Gi | ive address to whice ally connected? Ingling order numb Workover Dee | when Plug Bar P.B.T.E | ck Same Res'v. Diff. Res' | | | |
| | Name of Authorized Transporter of Cas The Authorized Transporter of Cas If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Pool | inghead Gas. or Dry Ga | Address (Gi | ive address to whice ally connected? Ingling order numb Workover Dee | when Plug Bar P.B.T.E | ck Same Res'v. Diff. Res'). Depth asing Shoe | | | |
| | Name of Authorized Transporter of Cas The Authorized Transporter of Cas If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Pool | inghead Gas. or Dry Ga | Address (Gi Rge. Address (Gi Rge. Is gas actual e or pool, give commit das Well New Well Total Depth n Top Oil/Ga | ive address to whice ally connected? Ingling order numb Workover Dee | when Plug Bar P.B.T.E | ck Same Res'v. Diff. Res' | | | |
| | Name of Authorized Transporter of Cas The Produces of a reliquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Pool Perforations | inghead Gas. or Dry Ga | Address (Gi Rge. Address (Gi Rge. Is gas actual e or pool, give commit das Well New Well Total Depth n Top Oil/Ga | ive address to whice ally connected? Ingling order numb Workover Dee | when Plug Bar P.B.T.E | ck Same Res'v. Diff. Res' | | | |
| | Name of Authorized Transporter of Cas The Produces of a reliquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Pool Perforations | inghead Gas. or Dry Ga | Address (Gi Rge. Address (Gi Rge. Is gas actual e or pool, give commit das Well New Well Total Depth n Top Oil/Ga | ive address to whice ally connected? Ingling order numb Workover Dee | when Plug Bar P.B.T.E | ck Same Res'v. Diff. Res' | | | |
| | Name of Authorized Transporter of Cas The Produces of a reliquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Pool Perforations | inghead Gas. or Dry Ga | Address (Gi Rge. Address (Gi Rge. Is gas actual e or pool, give commit das Well New Well Total Depth n Top Oil/Ga | ive address to whice ally connected? Ingling order numb Workover Dee | when Plug Bar P.B.T.E | ck Same Res'v. Diff. Res'). Depth asing Shoe | | | |
| | Name of Authorized Transporter of Cas If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Pool Perforations HOLE SIZE | inghead Gas. or Dry Ga | Address (Gi Right Address (Gi | ive address to whice ally connected? Ingling order numb Workover Dee | h approved copy of When when Plug Bar P.B.T.E Tubing Depth C | ck Same Res'v. Diff. Res' | | | |
| | Name of Authorized Transporter of Cas If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Pool Perforations HOLE SIZE | inghead Gas. or Dry Ga | Address (Gi Rge. Address (Gi Rge. Is gas actual e or pool, give commit das Well New Well Total Depth n Top Oil/Ga SING, AND CEMENTI SIZE | ive address to whice ally connected? Ingling order numb Workover Dee | h approved copy of When When Plug Bar P.B.T.E Tubing Depth Co | ck Same Res'v. Diff. Res' | | | |
| | Name of Authorized Transporter of Cas If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Pool Perforations HOLE SIZE | inghead Gas. or Dry Ga | Address (Gi Rge. Address (Gi Rge. Is gas actual e or pool, give commit das Well New Well Total Depth n Top Oil/Ga SING, AND CEMENTI SIZE | ive address to whice ally connected? Ingling order numb Workover Dee | h approved copy of When When Plug Bar P.B.T.E Tubing Depth Co | ck Same Res'v. Diff. Res' | | | |
| | Name of Authorized Transporter of Cas The Parameter of Authorized Transporter of Cas If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Pool Perforations HOLE SIZE TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks | inghead Gas. or Dry Ga | Address (Gi | ive address to whice ally connected? Ingling order numb Workover Dee To see Pay NG RECORD DEPTH SET of total volume of full 24 hours) Method (Flow, pump | h approved copy of When er: Pepen Plug Bar P.B.T.E Tubing in the property of the property o | ck Same Res'v. Diff. Res' Depth asing Shoe SACKS CEMENT | | | |
| | Name of Authorized Transporter of Cas Transporter of Cas If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Pool Perforations HOLE SIZE TEST DATA AND REQUEST FOOLL WELL | inghead Gas. or Dry Ga | Address (Gi Rge. Address (Gi Rge. Is gas actual e or pool, give commit das Well New Well Total Depth n Top Oil/Ga SING, AND CEMENTI SIZE | ive address to whice ally connected? Ingling order numb Workover Dee To see Pay NG RECORD DEPTH SET of total volume of full 24 hours) Method (Flow, pump | h approved copy of When When Plug Bar P.B.T.E Tubing Depth Co | ck Same Res'v. Diff. Res' Depth asing Shoe SACKS CEMENT | | | |
| | Name of Authorized Transporter of Cas The Parameter of Authorized Transporter of Cas If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Pool Perforations HOLE SIZE TEST DATA AND REQUEST FOOLL WELL Date First New Oil Run To Tanks Length of Test | inghead Gas. or Dry Ga Unit Sec. Twp. th that from any other lease on - (X) Date Compl. Ready to Prod. Name of Producing Formatio TUBING, CAS CASING & TUBING OR ALLOWABLE (Test able Date of Test | Address (Gi | ive address to whice ally connected? Ingling order numb Workover Dee Dee Dee Def Def Def Def Def | h approved copy of When er: Ppen Plug Bar P.B.T.E Tubing in the provent of the | ck Same Res'v. Diff. Res' | | | |
| | Name of Authorized Transporter of Cas The Parameter of Authorized Transporter of Cas If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Pool Perforations HOLE SIZE TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks | inghead Gas. or Dry Ga | Address (Gi Rick Address (Gi Rick Address (Gi Rick Rick Rick Producing I Casing Pre | ive address to whice ally connected? Ingling order numb Workover Dee Dee Dee Def Def Def Def Def | h approved copy of When Plug Barrers P.B.T.E Tubing Depth Co load oil and must if the provided color of the | ck Same Res'v. Diff. Res' | | | |
| | Name of Authorized Transporter of Cas The Parameter of Authorized Transporter of Cas If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Pool Perforations HOLE SIZE TEST DATA AND REQUEST FOOLL WELL Date First New Oil Run To Tanks Length of Test | inghead Gas. or Dry Ga Unit Sec. Twp. th that from any other lease on - (X) Date Compl. Ready to Prod. Name of Producing Formatio TUBING, CAS CASING & TUBING OR ALLOWABLE (Test able Date of Test | Address (Gi Rick Address (Gi Rick Address (Gi Rick Rick Rick Producing I Casing Pre | ive address to whice ally connected? Ingling order numb Workover Dee Dee Dee Def Def Def Def Def | h approved copy of When Plug Barrers P.B.T.E Tubing Depth Co load oil and must if the provided color of the | ck Same Res'v. Diff. Res Diff. Res | | | |
| | Name of Authorized Transporter of Cas The Parameter of Authorized Transporter of Cas If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Pool Perforations HOLE SIZE TEST DATA AND REQUEST FOOLL WELL Date First New Oil Run To Tanks Length of Test | inghead Gas. or Dry Ga Unit Sec. Twp. th that from any other lease on - (X) Date Compl. Ready to Prod. Name of Producing Formatio TUBING, CAS CASING & TUBING OR ALLOWABLE (Test able Date of Test | Address (Gi Rick Address (Gi Rick Address (Gi Rick Rick Rick Producing I Casing Pre | ive address to whice ally connected? Ingling order numb Workover Dee Dee Dee Def Def Def Def Def | h approved copy of When Plug Barrers P.B.T.E Tubing Depth Co load oil and must if the provided color of the | ck Same Res'v. Diff. Res' Diff. Res' | | | |
| | Name of Authorized Transporter of Cas The Production of Inquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Pool Perforations HOLE SIZE TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test | inghead Gas. or Dry Ga Unit Sec. Twp. th that from any other lease on - (X) Date Compl. Ready to Prod. Name of Producing Formatio TUBING, CAS CASING & TUBING OR ALLOWABLE (Test able Date of Test | Address (Gi | ive address to whice ally connected? Ingling order numb Workover Dee Dee Dee Def Def Def Def Def | h approved copy of When Plug Barrers P.B.T.E Tubing Depth Copy of Cop | ck Same Res'v. Diff. Res' | | | |
| | Name of Authorized Transporter of Cas The Manager of Authorized Transporter of Cas If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded Pool Perforations HOLE SIZE TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D | inghead Gas. or Dry Ga Unit Sec. Twp. th that from any other lease on - (X) Date Compl. Ready to Prod. Name of Producing Formatio TUBING, CAS CASING & TUBING OR ALLOWABLE (Test able Date of Test Tubing Pressure Oil-Bbls. | Address (Gi Right Address (Gi | ive address to whice ally connected? Ingling order numb Workover Dee Dee Total Volume of full 24 hours) Method (Flow, pumplessure) See The Service of t | h approved copy of When Plug Barrers P.B.T.E Tubing Depth Co load oil and must if Choke S Gas-Mo Gravity | ck Same Res'v. Diff. Res' Ck Same Res'v. Diff. Res' Ch Same Res'v. Diff. Res' | | | |
| | Name of Authorized Transporter of Cas The Manager Man | inghead Gas. or Dry Ga Unit Sec. Twp. h that from any other lease on - (X) Date Compi. Ready to Prod. Name of Producing Formatio TUBING, CAS CASING & TUBING OR ALLOWABLE (Test able) Date of Test Tubing Pressure Oil-Bbls. | Address (Gi | ive address to whice ally connected? Ingling order numb Workover Dee Dee Total Volume of full 24 hours) Method (Flow, pumplessure) See The Service of t | h approved copy of When Plug Barrers P.B.T.E Tubing Depth Copy of Cop | ck Same Res'v. Diff. Res' Ck Same Res'v. Diff. Res' Ch Same Res'v. Diff. Res' | | | |

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.

> DRICINAL SIGNED BX L. A. TURNER

(Signature) Area Petroleum Engineer

11-11-65

(Date)

| APPROVED | NOV 1 6 1965 | |
|----------|--------------|----|
| ву | L. Lla | me |

TITLE EN UMB 的原 生后产的产

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. completed wells.