

NO. OF COPIES RECEIVED		3
DISTRIBUTION		
SANTA FE	/	
FILE	/	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR	/	
PRORATION 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-110
Effective 1-1-65

RECEIVED

AUG 9 1976

Operator Austin Gas Producing Purchasing, Inc.		O.C.C. ARTESIA, OFFICE
Address Box 159 Stafford, Kansas 67578		
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/> 1 Aug. 1976 Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		Other (Please explain)

If change of ownership give name and address of previous owner Morris R. Antweil, Box 2010, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Malaga Unit- Tract 4	Well No. 1	Pool Name, including Formation Malaga Delaware	Kind of Lease State, Federal or Fee	Fee ---	Lease No. ---
Location Unit Letter B ; 330 Feet From The North Line and 1650 Feet From The East Line of Section 13 Township 24-S Range 28-E , 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 Oklahoma Corporation Injection Well	Address (Give address to which approved copy of this form is to be sent) Box 159, Stafford, Kansas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 2	Sec. 2
	Twp. 24-S	Rge. 28-E
	Is gas actually connected? <input checked="" type="checkbox"/> When -----	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, 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			

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 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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.

Agent of Unit Operator

2 August 1976

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 20 1976, 19

BY W.A. Gussert

TITLE DIRECTOR 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 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 only Sections I, II, III, and VI 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.