

NO. OF COPIES RECEIVED 4
DISTRIBUTION
SANTA FE 1
FILE 1-
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL 1
GAS
OPERATOR 1
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

I. OPERATOR
Name: **Morris R. Antweil, Unit Operator, Malaga Unit**
Address: **Box 2010, Hobbs, New Mexico 88240**
Reason(s) for filing (Check proper box):
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Change in Pool ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain): *change lease name from R.L. James*

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Malaga Unit - Tract 4	2	Malaga Delaware	State, Federal or Fee Fee
Location	Unit Letter	Feet From The	Feet From The
formerly - R. L. James 2	G	1650 North	1650 East
Line of Section	Township	Range	County
13	24S	28E	Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	Box 4157 Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None	
If well produces oil or liquids, give location of tanks.	Unit: *A Sec. 13 Twp. 24S Rge. 28E
	Is gas actually connected? No When: ----

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

IV. COMPLETION DATA. *See letter 4.26.68 letter conservation*

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Form	Name of Producing Formation	Top Oil/Gas Pay	Taking Depth					
Performance	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 from 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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

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.

APPROVED _____, 19

BY *W.A. Grissett*

TITLE *Conservation*

R.M. Williams
(Signature)

Agent of Unit Operator

1 Jul 67

(Title)

(Date)

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.