

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

FORM C-104  
Revised 10-1-78

RECEIVED BY  
DEC 19 1983  
O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PROMOTION OFFICE	

Operator  
H & W Oil Corporation, Inc. ✓

Address  
c/o Oil REports & Gas Services, Inc. P O Box 763, Hobbs, NM 88241

Reason(s) for filing (Check proper box)  
 New Well ☐ Change in Transporter of:  
 Recompletion ☐ Oil ☐ Dry Gas ☐  
 Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)  
Effective 12/1/83

If change of ownership give name and address of previous owner  
Hanson Operating Co. Inc., P. O. Box 1515, Roswell, NM 88201

DESCRIPTION OF WELL AND LEASE

Lease Name: Sulphate Sister  
Well No.: 1  
Pool Name, including Formation: Southwest Sulphate Delaware  
Kind of Lease: Federal  
Lease No.: NM-29881

Location  
Unit Letter: F  
1980 Feet From The North Line and 1980 Feet From The West  
Line of Section: 13  
Township: 25S  
Range: 26E  
NMPM, Eddy  
County:

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐  
None - Salt Water Disposal  
Address (Give address to which approved copy of this form is to be sent)

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.: Rge.:  
Is gas actually connected? When:

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 Res'v. ☐ Diff. Res'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

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 all able 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:

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)  
Agent  
(Title)  
12/16/83  
(Date)

OIL CONSERVATION DIVISION

DEC 19 1983  
APPROVED Original Signed By  
Leslie A. Clements  
BY Supervisor District II  
TITLE

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.