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	GAS
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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

Operator <u>INTERNATIONAL OIL COMPANY</u>	
Address <u>Box 400 Hobbs, New Mexico 88240</u>	
Reasons for filing (Check proper box)	
New Well ☐	Change in Transporter of: <u>TRANSPORTER'S NAME</u>
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐ <u>CHANGE</u>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE	
Lease Name <u>AN1 APACHE "C"</u>	Well No. <u>5</u>
Pool Name, including Formation <u>FLUENT FORMATION</u>	Kind of Lease <u>INDIAN</u>
Location <u>M 990</u> Feet From The <u>SOUTH</u> Line and <u>990</u> Feet From The <u>WEST</u>	State, Federal or Fee
Line of Section <u>33</u>	Township <u>24-N</u> Range <u>E-W</u> NMPM, <u>R20</u> <u>APACHE</u> County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☐ or Condensate ☐	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)
<u>GAS COMPANY OF NEW MEXICO</u>	<u>FIRST INTERNATIONAL OIL CO.</u> <u>1201 ELM ST. DALLAS, TEXAS 75201</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>YES</u>

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

IV. 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	
POLE SIZE	CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL	
(Text 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

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.	
APPROVED SEP 9 1976	
BY Original Signed by A. R. Kendrick SUPERVISOR DIST. #3	
TITLE	
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	

