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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

Operator	
Address	
Reasons for filing (Check proper box)	
New Well	Change in Transporter of:
Recompletion	Oil
Change in Ownership	Casinghead Gas
	Dry Gas
	Condensate
Other (Please explain)	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE	
Lease Name	Well No.
Location	Pool Name, including Formation
Unit Letter	Kind of Lease
Line of Section	State, Federal or Fee
Township	Lease No.
Range	
NMPM	
County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead 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.	Is gas actually connected?
Unit	When
Sec.	
Twp.	
Rge.	

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

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well
Date Spudded	Gas Well
Date Compl. Ready to Prod.	New Well
Total Depth	Workover
Plugging Back	Deepen
Same Res'v.	Plug Back
Diff. Res'v.	
Elevations (OF, 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	
Length of Test	Date of Test
Tubing Pressure	Producing Method (Flow, pump, gas lift, etc.)
Casing Pressure	Choke Size
Oil-Bbls.	Water-Bbls.
Gas-MCF	

GAS TEST	
Length of Test	Bbls. Condensate/MCF
Tubing Pressure (Shut-in)	Gravity of Condensate
Casing Pressure (Shut-in)	Choke Size

OIL CONSERVATION COMMISSION	
APPROVED	
BY	
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.	