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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 O.C-104 and C-110
Effective 1-1-55

I. **Transporter**
Austral Oil Company Incorporated
Address
2700 Humble Building, Houston, Texas 77002
Reason(s) for filing (check proper box)
Other (Please explain)
New Well ☒ **Change in Transporter of:**
Condensation ☐ **Oil** ☐ **Dry Gas** ☐ **To replace oil forms previously filed.**
Change in Ownership ☐ **Casinghead Gas** ☐ **Condensate** ☐

If change of ownership, give name---
and address of previous owner---

II. **DESCRIPTION OF WELL AND LEASE**

Lease Name Marshall	Well No. Pool Name, including Formation 1 Basin-Dakota	Kind of Lease State, Federal or Free Federal
Location Unit Letter F 1450 Feet From The North Line and 1,500 Feet From The West Line of Section 14 Township 27-N Range 9-W NMPM, San Juan County		

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent, McWood Petroleum Marketeers 1265 Camino Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent, El Paso Natural Gas Company P. O. Box 1492, El Paso, Texas
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. F 14 27-N 9-W	Is gas actually connected? Yes 6-11-65

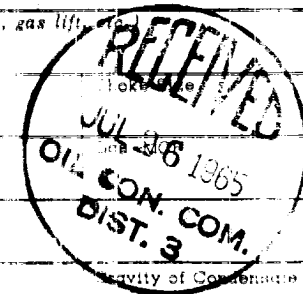
If this production is commingled with that from any other lease or pool, give commingling order number ---

IV. **COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. Diff. Res'v. <input type="checkbox"/>		
Date Spudded 10-1-64	Date Compl. Ready to Prod. 10-13-64	Total Depth 6915'	Gravel Depth 6887'
Pool Basin-Dakota	Name of Producing Formation Dakota	Top Oil/Gas Pay 6575'	Casing Depth 6553'
Perforations 6574'-95', 6644'-78', 6708'-26', 6730'-43', 6744'-56', 6769'-88'		Depth Casing Shoe 6553'	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	330'	250
7-7/8"	4-1/2"	6903'	430-2-4-1/2" DV Tools
	2-1/16"	6553'	

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.



GAS WELL

Actual Prod. Test - MMCFD	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1,550	9 hours	16.5	53.8°
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Stoke Size
Back Pressure	510#	720#	Adj.

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.

Marvin E. Smith
Senior Staff Engineer

July 21, 1965

OIL CONSERVATION COMMISSION

APPROVED JUL 10 1965
BY Original Signed Emory C. Arnold
TITLE Supervisor Dist. # 8

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.