

DISTRIBUTION		5
ANTA FE		1
ILE		
S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		2
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 NOLARA Corporation
Address 209 Wendover Ave N. Belingo, TX. 59101
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in transporter ☐
Recompletion ☐ Oil ☒ Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Understate ☐

If change of ownership give name and address of previous owner C & S. Caring

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Malco Cripple</u>	Well No. <u>1</u>	Verde Ballup	Kind of Lease <u>State</u>	Lease No. <u>080-262A</u>
Location <u>660</u>	Feet From the <u>N</u>	Line and <u>1980</u>	Feet From The <u>W.</u>	
Unit Letter <u>4</u>	Township <u>30 N</u>	Range <u>15 W</u>	NMFM, <u>San Juan</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>Inland Trans.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Farmington, N. Mex.</u>
Name of Authorized Transporter of Casinghead Gas <u></u>	Address (Give address to which approved copy of this form is to be sent) <u></u>
If well produces oil or liquids, give location of tanks. <u>C 4 30N 15W</u>	Is gas actually connected? <u>When</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)	<input checked="" type="checkbox"/> Old Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded <u>8/21/59</u>	Date Compl. Ready to Prod. <u>9/29/59</u>	Total Depth <u>3726</u>	F.B.T.D. <u>X</u>					
Elevations (DF, BKB, RT, GR, etc.) <u>G.L. 5445</u>	Name of Producing Formation <u>Lower Ballup</u>	Top Oil/Gas Pay <u></u>	Tubing Depth <u>3716</u>					
Perforations <u></u>			Depth Casing Shoe <u></u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	<u>5 1/2</u>	<u>3612</u>	<u>250</u>					
	<u>10 3/4</u>	<u>122</u>	<u>125</u>					
	<u>4 1/2</u>	<u>164</u>	<u></u>					
	<u>2 3/8</u>	<u>3716</u>	<u></u>					

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 <u>11/9/59</u>	Date of Test <u>11/10/59</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 Hrs.</u>	Tubing Pressure <u>15 P.S.I</u>	Casing Pressure <u></u>	Choke Size <u></u>
Actual Prod. During Test <u>16.67</u>	Oil - Bbls. <u>16.67</u>	Water - Bbls. <u>0</u>	Gas - MCF <u>4 MCF</u>

GAS WELL

Actual Prod. Test-MCF/D <u></u>	Length of Test <u></u>	Bbls. Condensate/MMCF <u></u>	Gravity of Condensate <u></u>
Testing Method (pitot, back pr.) <u></u>	Tubing Pressure (Shut-in) <u></u>	Casing Pressure (Shut-in) <u></u>	Choke Size <u></u>

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.

Laurie Hill
(Signature)
See. Treas.
(Title)
1/14/80
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 14 1980, 19
BY Original Signature
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 multiple