

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	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
Claude C. Kennedy
Address
1145 Chaco Avenue, Framington, New Mexico-87401
Reason(s) for filing (Check proper box) Other (Please explain)
New well ☐ Change in Transporter of: ☒ Oil ☐ Dry Gas ☐ Condensate ☐
Recompleted ☐ Disinhead Gas ☐
Change in ownership ☐ EFFECTIVE MARCH 1, 1967
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name: Deb Well No.: 3 Pool Name, including Formation: Wildcat-Jakota Kind of Lease: State, Federal or Fee
Location: Section 30 Township 10N Range 17W NMEB, San Juan County
Feet From The 550 Line and 1730 Feet From The West

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil: X THE PERMIAN CORPORATION Address (Give address to which approved copy of this form is to be sent): P. O. Box 3119, Midland, Texas-79701
Name of Authorized Transporter of Casinghead Gas: 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: Rte: Is gas actually connected? When:

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same as last drill. Re-drill.
Date Spudded: Date Cased, Ready to Prod.: Total Depth: P.S.T.D.:
Elevation (H.F., RKB, RT, GR, etc.): Name of Producer 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

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: 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 (pitot, back pr.): Tubing Pressure (Shut-in): Casing Pressure (Shut-in): Choke Size:

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.
(Signature) (Title) (Date)
OIL CONSERVATION COMMISSION
APPROVED: 19
BY: Original Signed and Dated: 19
TITLE: SUPERVISOR
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 completed wells.