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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 1-1-61  
**RECEIVED**  
**OCT 14 1969**  
**O. C. C.**  
**ARTESIA OFFICE**

I. **OWNER**  
Petroleum Corporation of Texas  
Address: P. O. Box 911, Breckenridge, Texas 76024  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain) Effective November 1, 1969  
If change of ownership give name and address of previous owner

II. **DESCRIPTION OF WELL AND LEASE**  
Lease Name: Mary Ann Cannon Well No.: 2 Pool Name, including Formation: Bitter Lake SA, South Kind of Lease: State, Federal or Fee Fee:  
Location: Unit Letter: J 1980 Feet From The South Line and 1980 Feet From The East  
Line of Section: 27 Township: 10S Range: 25E NMPM Chaves County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
The Permian Corporation Box 3119, Midland, Texas 79701  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
None 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: K Sec: 27 Twp: 10S Rge: 25E Is gas actually connected? No When:

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.:  
Pool: 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

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: Casing Pressure: 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.  
PETROLEUM CORPORATION OF TEXAS  
Mary B. Taylor (Signature)  
Production Clerk (Title)  
October 10, 1969 (Date)  
OIL CONSERVATION COMMISSION  
APPROVED: OCT 17 1969, 19  
BY: W. A. Gressett  
TITLE: OIL AND GAS INSPECTOR  
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 multiple completion wells.