

NO. OF COPIES RECEIVED		1
DISTRIBUTION		
SANTA FE		/
FILE		/
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	
OPERATOR		3
REGISTRATION 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

RECEIVED

JAN 10 1966

Mercury Production Company

1522 Fort Worth National Bank Building, Fort Worth, Texas 76102

Reason(s) for filing (Check proper box)

New Well ☐  
Existing Well ☐  
Change in Ownership ☒

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner J. W. Brown, Mickson Hotel, Roswell, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
State E-92	1	Brown Queen-Grayburg	State, Federal or Fee State
Section	Unit Letter	Feet From The	Line and
	F	1980	North
			1980
			West
Range	26	Township	10S
		Range	26E
		NMPM	Chaves
			County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
McWood Corporation	Petroleum Building Abilene, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Not connected		
If well produces oil or liquids, how many tanks?	Unit	Sec.
	F	26
		10S
		26E
		No
		When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Complete								
Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
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

(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)

Oil Well	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Time First New Oil Run To Tanks			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Amount Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Amount 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.

C. W. Stumhoffer  
(Signature)

Manager of Operations  
(Title)

January 6, 1966  
(Date)

OIL CONSERVATION COMMISSION

JAN 10 1966

APPROVED \_\_\_\_\_, 19

BY W. L. Cunningham

TITLE Manager of Operations

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 conditions.

Sections Forms C-104 must be filed for each pool or recompleted well.