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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

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JAN 10 1966

O. C. C.  
ARTEBIA, OFFICE

Mercury Production Company

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

Reason for filing (Check proper box)

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, Nickson Hotel, Roswell, New Mexico

II. IDENTIFICATION OF WELL AND LEASE

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

III. IDENTIFICATION OF TRANSPORTER OF OIL AND NATURAL GAS

Is this an 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
Is this an 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	
Is gas actually connected?	When
No.	

IV. PRODUCTION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
		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 oil  
able for this depth or be for full 24 hours)

Oil Well	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
First New Oil Run To Tanks		
Tubing Pressure	Casing Pressure	Choke Size
Oil - Bbls.	Water - Bbls.	Gas - MCF
Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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. Lumbhoffer  
(Signature)

Manager of Operations  
(Title)

January 6, 1966  
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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 allow-  
able 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 to which  
completed wells.