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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

RULE 1104

APR 19 1971

D. C. C.

ARTESIAN OFFICE

TWINLAKES OIL COMPANY

Address

P. O. Box 1582, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well

☐

Change in Transporter of:

Recompletion

☒

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
O'Brien C	2	Twin Lakes San Andres	State, Federal or Fee Fee	
Location				
Unit Letter	D	650 Feet From The	North Line and	660 Feet From The
Line of Section	1	Township	9 South	Range
			28 East	, NMPM,
			Chaves	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation		Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Not connected		
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	D	1
	9 S.	28 E.
	No	before 6/1/71

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'v.	Diff. Res'v.
	X			X			X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Aug. 14, 1950	12/9/50	3944 7666'	2600'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3944 KB (corrected)	San Andres	2528	2580					
Perforations	2569-92 - one shot per foot	Depth Casing Shoe						
		7346						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13 8/8"	675	600					
12-1/4"	9-5/8"	3400	3400 2006					
8-3/4"	7"	7346 (pulled from 2726')	1065					
8.765	2-3/8" EUE	2580						

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.)	
3/25/71	4/15/71	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	-	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
11x20x 51 bbls	11	40	50 mcf (est)

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.

3/11/71
(Signature)
Manager
(Title)
April 16, 1971
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 20 1971, 19
BY W. H. H. H. H.
TITLE OIL CONSERVATION COMMISSION

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.