

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 1-1-45

RECEIVED

JUL 21 1965

Operator Avalanche Journal Publishing Company		ARTERIA, OFFICE	
Address 220 West Sixth, Amarillo, Texas			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	Change in pool designation	
Recompletion ☐	Casinghead Gas ☐ Condensate ☐		
Change in Ownership ☐			

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lessee Name LE Ranch 21	Well No. 1-11	Pool Name, including Formation LE Ranch San Andres	Kind of Lease State, Federal or Free Free
Location Unit Letter N ; 330 Feet From The South Line and 330 Feet From The West Line of Section 21 , Township 10 South Range 28 East , N.M.P.M., Chaves County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Method Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 330 Abilene, Texas	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ TSTM	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 N	Sec. 21
	Top. 10	Reg. 28
	Is gas actually connected? 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	Rebores	Deepen	Plug Back	Same Rec'y.	Diff. Rec'y.
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 shot to 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/MCF	Gravity of Condensate
Testing Method (pilot, 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.

Coordinator

July 20, 1965

(Date)

OIL CONSERVATION COMMISSION

JUL 26 1965

APPROVED _____, 10 _____

BY **M. L. Armstrong**

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 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 multiply completed wells.