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NO. OF COPIE RECEIVED 5			
DISTRIBUTION	⊣ ∐ NEW MEXICO OIL O	ONSERVATION COMMISSION	Form C-104
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-1. Effective 1-1-65
FILE /-	_	AND	
U.S.G.S.	_ AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL GAS	
LAND OFFICE	-		
TRANSPORTER GAS	-		e se to to
OPERATOR 2			ĸ
PRORATION OFFICE			
Operator	V		a spa
Petroleum Corpora	ition of lexas		•
	Breckenridge, Texas 7	6024	·
Reason(s) for filing (Check proper bo		Other (Please explain)	
New Well	Change in Transporter of:	<u> </u>	
Recompletion	Oil Dry Go	· ·	
Change in Ownership X	Casinghead Gas Conde	nadie	
If change of ownership give name	Twinlakes Oil Company, B	ox 1582, Roswell, New Mexi	co 88201
and address of previous owner	IWIIIIakeo OII Oempan, D		
DESCRIPTION OF WELL AND	LEASE		Vind of Lagra
Lease Name	Well No. Pool No	and, morading .	Kind of Lease State, Federal or Fee Roo
Mary Ann Cannon	6 Bi	tter Lake SA, South	Fee Fee
Location	.60	ne and 1980 Feet From Th	• West
Unit Letter N ;	60 Feet From The South Li	ne and 1.700 reet from Inc	NEST.
Line of Section 27 T	ownship 10S Range	25E , NMPM, Cha	ives County
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS Address (Give address to which approved	copy of this form is to be sent)
Name of Authorized Transporter of C		414 Mid-America Bldg., N	
Scurlock Oil Comp		Address (Give address to which approve	copy of this form is to be sent)
None	-		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually connected? When	
give location of tanks.	K 27 10S 25E	No	
If this production is commingled v	vith that from any other lease or pool	, give commingling order number:	·
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Designate Type of Complet	ion = (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
			Tubing Depth
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			
	TUBING, CASING, AN	ID CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
THE DAME AND DESCRIPTION	EOD ALLOWADIE	after recovery of total volume of load oil ar	nd must be equal to or exceed top allo
TEST DATA AND REQUEST OIL WELL	TUK ALLUWABLE (1 est must be able for this c	depth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)
			Chala Star
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Oil-Bbls.	Water - Bbls.	Gas-MCF
Actual Prod. During Test	OII - DDIS.	1.3.0	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			Olyaka Cira
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
			TION COMMISSION
I. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION
		APPROVED	<u>ූ ටූර</u> , 19
Commission have been complied	d regulations of the Oil Conservation with and that the information give		1
Commission have been compiled	the best of my knowledge and belief	BY TY	Wine C

Production Clerk

June 3, 1968

(Title)

(Date)

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.



NO. OF COPIES RECEIVED		15	
DISTRIBUTION			
SANTA FE			
FILE		V-	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
, , , , , , , , , , , , , , , , , , , ,	GAS		
OPERATOR		2	
PROPATION OF			

	NO. OF COPIES RECEIVED				
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104	
[SANTA FE	1	FOR ALLOWABLE	Supersedes Old C-104 and C-11	
ſ	FILE /-		AND	Effective 1-1-65	
ı	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	A S	
İ	LAND OFFICE	AUTHORIZATION TO TRA	MIST ON TOTE AND MATORAL G	A3	
Ì	OIL /				
}	TRANSPORTER GAS				
}	OPERATOR 2	-			
_	PRORATION OFFICE	1			
1.	Operator	<u> </u>			
	Twinlakes 0il Co	mpany V		1.39 67	
		82, Roswell, n. T.	n.88201		
	409 Meadows Buil	ding, Midland, Texas 752	06	<i>y</i> .	
ŀ	Reason(s) for filing (Check proper box		Other (Please explain)		
	New Well	Change in Transporter of:	Omer (1 todes explain)		
	i iii	· · ·	_		
	Recompletion	Oil Dry Ga	≓ !		
- 1	Change in Ownership X	Casinghead Gas Conden	isate		
	If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND Lease Name		1582, Roswell, New Mexi	co 88201	
į	Lease Maine		[or Fee Fee	
į	Mary Ann Cannon	6 Bitter Lakes S	. A. South	ree	
	Location		,		
	Unit Letter N ;	Feet From The (1017) Lin	e and Peet From T	he <u>est</u>	
		•		•	
	Line of Section 27 To	wnship 10S Range	25E , NMPM,	Chaves County	
			•		
Ш.		TER OF OIL AND NATURAL GA	S		
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve		
	Scurlock Oil Company		414 Mid America Bldg.,	Midland, Texas	
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)	
	None				
		Unit Sec. Twp. Ege.	Is gas actually connected? Whe	n	
	If well produces oil or liquids, give location of tanks.	1 2 7 1 254	No		
	give location of tanks.				
					
		th that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA	Oil Well Gas Well	give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	COMPLETION DATA	Oil Well Gas Well		Plug Back Same Res'v. Diff. Res'v.	
	COMPLETION DATA Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	COMPLETION DATA	Oil Well Gas Well			
	Designate Type of Completion Date Spudded	on - (X) Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen	P.B.T.D.	
	COMPLETION DATA Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen		
	Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.)	on - (X) Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen	P.B.T.D. Tubing Depth	
	Designate Type of Completion Date Spudded	on - (X) Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen	P.B.T.D.	
	Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod. Name of Producing Formation	New Well Workover Deepen Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth	
	Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod. Name of Producing Formation	New Well Workover Deepen Total Depth Top Oil/Gas Pay CEMENTING RECORD	P.B.T.D. Tubing Depth Depth Casing Shoe	
	Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod. Name of Producing Formation	New Well Workover Deepen Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth	
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IV.	Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AND CASING & TUBING SIZE	New Well Workover Deepen Total Depth Top Oil/Gas Pay CEMENTING RECORD DEPTH SET	P.B.T.D. Tubing Depth Depth Casing Shoe	
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v.	Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AND CASING & TUBING SIZE OR ALLOWABLE (Test must be a able for this de Date of Test Tubing Pressure Oil-Bbis. Length of Test Tubing Pressure (Shut-in)	Total Depth Total Depth Top Oil/Gas Pay CEMENTING RECORD DEPTH SET fter recovery of total volume of load oil a pth or be for full 24 hours) Producing Method (Flow, pump, gas lift) Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT and must be equal to or exceed top allowers, etc.) Choke Size Gas-MCF	
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VI

James	6.	Leonard
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// Jing-ir	-ciden	ţ
9 (6	(Title,)
2-19-67		
,	(Date)

APPROVED.			, 19	
	_	Gressei	A	
TIT! E				

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.