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TRANSPORTER	OIL 1 GAS
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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

1968

I. Operator Twinlakes Oil Company	
Address P. O. Box 1582, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/> <i>Re-entry</i>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name O'Brien "B"	Well No. 2	Pool Name, Including Formation Under Twin Lakes-S. A.	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter A	660 Feet From The North Line and 660 Feet From The East			
Line of Section 2	Township 9S	Range 28E	, 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"/> Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) 414 Mid-America Building, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 A	Sec. 2
	Twp. 9S	Rge. 28E
	Is gas actually connected? 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-11-68	Date Compl. Ready to Prod. 2-19-68		Total Depth 2679		P.B.T.D. 2584			
Elevations (DF, RFB, RT, GR, etc.) 3941 KB	Name of Producing Formation San Andres		Top Oil/Gas Pay 2574		Tubing Depth 2580			
Perforations 2574-80					Depth Casing Shoe 2679			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11-1/2"	8-5/8"		431		185 sacks			
6-3/4"	4-1/2"		2675		850 sacks			
	2 3/8		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 2-19-68	Date of Test 2-19-68	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 8 hours	Tubing Pressure -	Casing Pressure Packer	Choke Size -
Actual Prod. During Test 80 BO	Oil - Bbls. 12	Water - Bbls. 68	Gas - MCF 12

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (Pilot, 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.

H. N. Severney
(Signature)
Vice President
(Title)

February 26, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY **H. A. Gussitt**
TITLE **OIL AND GAS OPERATOR**

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.