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OPERATOR		/
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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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I. Operator **Mercury Production Company**
Address **508 Fort Worth National Bank Bldg., Fort Worth, Texas**
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State E-92	Lease No. E-92	Well No. 12	Pool Name, including Formation Brown-Queen	Kind of Lease State, Federal or Fee State
Location Unit Letter D ; 990 Feet From The west Line and 990 Feet From The north Line of Section 26 Township 10S Range 26E , 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"/> McWood 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 F	Sec. 26
	Twp. 10	Rge. 26
	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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-13-66	Date Compl. Ready to Prod. 1-15-67		Total Depth 783		P.B.T.D. 769			
Elevations (DF, RKB, RT, GR, etc.) 3742 GR.	Name of Producing Formation Queen		Top Oil/Gas Pay 735		Tubing Depth 740			
Perforations 735-762					Depth Casing Shoe 782			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 7-7/8"	CASING & TUBING SIZE 4 1/2" 2-3/8"		DEPTH SET 782 740		SACKS CEMENT 200 sx			

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)

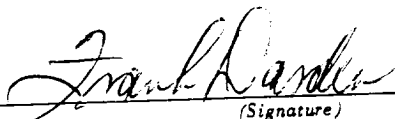
Date First New Oil Run To Tanks 12-26-66	Date of Test 1-20-67	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure -0-	Casing Pressure Vented	Choke Size -
Actual Prod. During Test	Oil-Bbls. 9	Water-Bbls. -0-	Gas-MCF TSTM

GAS WELL

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


(Signature)

President

(Title)

2-9-67

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

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 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.