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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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FEB 27 1967

O. C. C.  
ARTESIA, OFFICE

Operator  
Mercury Production Company

Address  
508 Fort Worth National Bank Building, Fort Worth, Texas 76102

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	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
State E-92	E-92	16	Brown (Queen)	State, Federal or Fee State
Location				
Unit Letter	K	1650	Feet From The West	Line and 1650 Feet From The South
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	or Condensate	Address (Give address to which approved copy of this form is to be sent)				
The Permian Corporation		P.O.Box 319, Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	26	10S	26E	No	

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)	X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	1-2-67	Date Compl. Ready to Prod.	1-20-67	Total Depth	750	P.B.T.D.	726		
Elevations (DF, RKB, RT, GR, etc.)	3691 Gr.	Name of Producing Formation	Queen	Top Oil/Gas Pay	692	Tubing Depth	700		
Perforations	695 - 715					Depth Casing Shoe	749'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
7-7/8"	4 1/2"	719	200						
9-5/8"	8-5/8"	125	25						
	2-3/8"	700							

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.)	
2-20-67	2-20-67	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	-	-	-
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	9	1	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.

Frank Darden  
(Signature)

President

(Title)

2-24-67

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY W. A. Grissett

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.