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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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APR 7 1969

O. C. C.
ARTESIA, OFFICE

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

If change of ownership give name and address of previous owner: Cities Service Oil Company Box 69 Hobbs N. Mex. 88240

Lease Name State CT		Well No. 1	Pool Name, including Formation Twin Lakes San Andres	Kind of Lease State, Federal or Fee	Lease No. 00/4682
Location Unit Letter L Feet From The South Line and 660 Feet From The West					
Line of Section 36 Township 8 South Range 28 East, NMPM, Chaves County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Permian Corporation		Box 9119, Midland, 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)			
None					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	1	36	8 S	28 E	No

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	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 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.)	
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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED APR 7 1969	
BY H. M. Swenney (Signature)		BY W. P. Gressett	
Operator (Title)		OIL AND GAS INSPECTOR	
March April 7 1969 (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 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.	