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TRANSPORTER	OIL	
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OPERATOR		2
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
RECEIVED AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
FEB 12 1971

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

O. C. C.
ARTESIA, OFFICE

(51)

I. Operator
TWINLAKES OIL COMPANY ✓
Address
P. O. Box 1502, Roswell, New Mexico 88201
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)
Change in Well Name

If change of ownership give name and address of previous owner
H. R. Sweeney

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Oil Co.	Well No. 1	Pool Name, Including Formation Twin Lakes San Andres	Kind of Lease State, Federal or Fee State	Lease No. Communitized
Location Unit Letter L, 1000 Feet From The South Line and 500 Feet From The West Line of Section 36 Township 2 South Range 21 East, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> No connection	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 1	Sec. 9	Twp. 2S	Rge. 21E	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	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				SACKS CEMENT				
ILLEGIBLE									

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

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. R. Sweeney
(Signature)
President
(Title)
2/11/71
(Date)

OIL CONSERVATION COMMISSION
FEB 15 1971
APPROVED _____, 19____
BY W. A. Gressett
TITLE OIL AND GAS INSPECTOR
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.