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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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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DEC 22 1971

D. O. O.
ARTICIA, OFFICE

I. OPERATOR

Operator **Twinlakes Oil Company**

Address **P. O. Box 1582, Roswell, New Mexico 88201**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input checked="" type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State CH Com	Well No. 1	Pool Name, Including Formation Twin Lakes - San Andres	Kind of Lease State, Federal or Fee State	Lease No. K-6716
Location				
Unit Letter L	1980	Feet From The South	Line and 660	Feet From The West
Line of Section 36	Township 8 South	Range 28 East	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"/>	Permian Corporation				Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Twinlakes Oil Company				Address (Give address to which approved copy of this form is to be sent) P. O. Box 1582, Roswell, N.M. 88201	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 36	Twp. 8S	Rge. 28E	Is gas actually connected? Yes	When September 25, 1971

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.
		X	X					
Date Spudded 10/10/67	Date Compl. Ready to Prod. 5-16-69	Total Depth 2617'		P.B.T.D. 2600''				
Elevations (DF, RKB, RT, GR, etc.) 3946 DF	Name of Producing Formation San Andres	Top Oil/Gas Pay 2524'		Tubing Depth 2550'				
Perforations 2576-2581	Depth Casing Shoe 2616'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11-1/4"	8-5/8"		406'		400			
7-7/8"	4-1/2"		2616'		200			
	2-3/8"		2550'					

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 941 MCF/D	Length of Test 24 hours	Bbls. Condensate/MMCF 4	Gravity of Condensate 25 degrees
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 485#	Casing Pressure (shut-in) Packer	Choke Size 1/2

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. M. Gressett
(Signature)
President
(Title)
December 20, 1971
(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 22 1971**, 19____

BY *H. M. Gressett*

TITLE **LAND 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.