

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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LAND OFFICE	
TRANSPORTER	OIL / GAS
OPERATOR	2
PRORATION OFFICE	

I. Operator **Twinlakes Oil Company**

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Citgo A State	Well No. 5	Pool Name, including Formation Unders. Twin Lakes-San Andres	Kind of Lease State, Federal or Fee State	Lease No. OG-4681
Location				
Unit Letter C	990	Feet From The North Line and 1650	Feet From The West	
Line of Section 36	Township 8S	Range 28E	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"/> Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) 414 Mid-America Building, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 N	Sec. 36
	Twp. 8S	Rge. 28E
	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 1-26-68	Date Compl. Ready to Prod. 2-12-68	Total Depth 2602'	P.B.T.D. 2600'					
Elevations (DF, RKB, RT, GR, etc.) 3951' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 2584	Tubing Depth 2592'					
Perforations 2 SPF 2584-2590	Depth Casing Shoe 2602							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 320'		SACKS CEMENT 125 sacks			
6-3/4"	4-1/2"		2602'		50 sacks			
	2 3/8"		2592					

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 2-13-68	Date of Test 2-13-68	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 15 hours	Tubing Pressure 75#	Casing Pressure Packer	Choke Size 10/64"
Actual Prod. During Test 50 BO in 15 hours	Oil-Bbls. 50	Water-Bbls. 0	Gas-MCF 25

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. N. Severney
(Signature)
Vice-President
(Title)
February 13, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY W. A. Grossert
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.