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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

0900 1972

I.

Operator
Felmont Oil Corporation

Address
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240

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

New Well Change In Transporter of:

Recompletion Oil Dry Gas

Change In Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Aaron Com	Well No. 1	Pool Name, Including Formation Atoka Penn Gas	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter N	990	Feet From The South	Line and 1650	Feet From The East
Line of Section 11	Township 18 S	Range 26 E	County Eddy	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Company Pipeline Div.	Box 159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Transwestern Pipeline Company	Box 2521, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 11	Twp. 18S	Rge. 26E	Is gas actually connected? Yes	When 12/22/72

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 type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Reservoir <input type="checkbox"/>	Diff. Reservoir <input type="checkbox"/>
Date Spudded 9/26/72	Date Compl. Ready to Prod. 11/4/72	Total Depth 9191	P.B.T.C. 9148					
Elevations (DF, RKB, RT, GR, etc.) 3332 KB	Name of Producing Formation Stream	Top Oil/Gas Pay 8968	Tubing Depth 8944 P.P.C. 8931					
Perforations 8968-78	Depth Casing Shoe 9190							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20	16		190		250			
15	11 3/4		1195		875			
10 5/8	8 5/8		1800		300			
7 7/8	4 1/2		9190		330			

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

Accuracy Factor 0.78 See Order R-4310

Actual Prod. Test - MCF/D CAOP 11,332	Length of Test 4 - 1 hour Flows	Bbls. Condensate/MMCF 30.8	Gravity of Condensate 56.6
Testing Method (pitot, back pr.) 4-Point	Tubing Pressure (Shut-in) 1912	Casing Pressure (Shut-in) Packer	Choke Size Various

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.

Wanna Hollis
 (Signature)

Agent

(Title)

12/20/72

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 5 1973, 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.