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TRANSPORTER	OIL	
	GAS	
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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  
Effective 1-1-65

Operator LE ROY SUMRULD

Address P. O. BOX 906, LOVINGTON, NEW MEXICO 88260

Reason(s) for filing (Check proper box) ☐ New Well ☐ Recombination ☒ Change in Ownership ☐ Change in Transporter of: Oil ☐ Gas ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☐

Other (Please explain) \_\_\_\_\_

If change of ownership give name and address of previous owner AMERADA HESS CORPORATION, DRAWER 817, SEMINOLE, TEXAS

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>STATE SR 111</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>SOUTH ROBERTS RANCH AREA</u>	Kind of Lease <u>SALT WATER DISPOSAL</u>	Lease No. _____
Location				
Unit Letter <u>111</u> ; <u>660</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>WEST</u>				
Line of Section <u>14</u> Township <u>9 SOUTH</u> Range <u>32 EAST</u> , NMPM, <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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"/>	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 Sec. Twp. Rge. Is gas actually connected? 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 <u>JANUARY 16, 1955</u>	Date Compl. Ready to Prod. <u>MAY 23, 1955</u>	Total Depth <u>11,177'</u>		P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.) <u>4346' DF</u>	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations <u>5 1/2" OD CASING PERFORATIONS (11,103' TO 11,130') FOOT - ON VACUUM</u>		4 SHOTS PER		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/MCF	Gravity of Condensate
Testing Method (pilot, 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.

Le Roy Sumruld  
(Signature)  
LE ROY SUMRULD - OWNER  
(Title)

OIL CONSERVATION COMMISSION

**MAY 11 1972**

APPROVED \_\_\_\_\_, 10 \_\_\_\_\_

BY Joe D. Ramey  
Dist. 1, Supv.

TITLE \_\_\_\_\_

This form is to be filled 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 deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells or it will be considered incomplete.

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11/15/72

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