

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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

Operator <i>Fenneco Oil Company</i>	
Address <i>Box 1031 Midland, Texas</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
<i>Re-entry</i>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <i>John Allen</i>	Well No. <i>1</i>	Pool Name, including Formation <i>Brough (Permian Penn)</i>	Kind of Lease State, Federal or Fee <i>Fee</i>	Lease No.
Location				
Unit Letter <i>C</i>	<i>660</i>	Feet From The <i>North</i> line and	<i>2310</i>	Feet From The <i>West</i>
Line of Section <i>14</i>	Township <i>9-S</i>	Range <i>35-E</i>	NMPM,	County <i>Lea</i>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<i>Midland Pipeline Co. via Trucks</i>	<i>Box 1073 Midland, Texas</i>					
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
	<i>C</i>	<i>14</i>	<i>9-S</i>	<i>35-E</i>	<i>No</i>	<i>When further</i>

If this production is commingling with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<i>X</i>							
Date Spudded <i>Unknown</i>	Date Compl. Ready to Prod. <i>12-8-69</i>	Total Depth <i>9860'</i>	P.B.T.D. <i>9810'</i>					
Elevations (DF, RKB, RT, GR, etc.) <i>4130 GL</i>	Name of Producing Formation <i>Brough C</i>	Top Oil/Gas Pay <i>9750</i>	Tubing Depth <i>✓</i>					
Perforations <i>15-1/2" IS @ 9750', 52, 54, 55, 56, 64, 65, 66, 67, 68, 69, 70, 72, 73, & 9774</i>			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<i>17 1/2"</i>	<i>13 3/8"</i>	<i>400</i>	<i>450</i>					
<i>12 1/4"</i>	<i>9 5/8"</i>	<i>4085</i>	<i>1800</i>					
<i>7 3/8"</i>	<i>5 1/2"</i>	<i>9860</i>	<i>195</i>					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks <i>12-8-69</i>	Date of Test <i>12-8-69</i>	<i>pump</i>	
Length of Test <i>24 hours</i>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <i>890</i>	Oil - Bbls. <i>279</i>	Water - Bbls. <i>568</i>	Gas - MCF <i>335</i>

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.

W. L. Watfield
(Signature)
Production Check
(Title)
December 9, 1969
(Date)

OIL CONSERVATION COMMISSION
APPROVED *[Signature]* 1969
BY *[Signature]*
TITLE *CLERK FOR DISTRICT I*

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