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OIL & GAS
LAND OFFICE
TRANSPORTER
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GAS
OPERATOR
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Operator

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseding Old C-104 and C-105
Effective 4-1-65

Tipton, Denton & Denton
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 ☐ **Effective 12/12/77**
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner **Southwest Production Company, 3108 Southland Center, Dallas, Texas 75206**

DESCRIPTION OF WELL AND LEASE
Lease Name **Ainsworth** Well No. **1** Pool Name, including Formation **Flying "M" Abo** Kind of Lease **Fee** Lease No.
Location
Unit Letter **F** **2030** Feet From The **North** Line and **1980** Feet From The **West**
Line of Section **23** Township **9S** Range **33E** N.M.P.M. **Lea** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Mobil Pipeline Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 900, Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
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 **F** Sec. **23** Twp. **9S** Rge. **33E** Is gas actually connected? **No** When

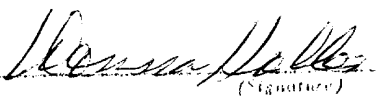
If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug back ☐ Same Reservoir, Diff. Hole
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (D.F., RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 (fract, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

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.

Agent
12/22/77
(Date)
OIL CONSERVATION COMMISSION
DEC 22 1977
APPROVED _____, 12
BY **Jerry Sexton** Orig. Signed by
Dist. 1, Supv.
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 calculation of the deviate tests taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for allowable or non-compliance.
Fill out only Paragraphs I, II, III, and VI for change of name, well name or number, or transporter or other such change of conditions.

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OIL CONSERVATION COMM.
HOBBS, N. M.