

SA TAFE				NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-105 Effective 1-1-65	
FI E				REQUEST FOR ALLOWABLE			
G.S.				AND			
ID OFFICE				AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
TRANSPORTER		OIL					
		GAS					
OPERATOR							
PRORATION OFFICE							

I. Operator

**BOUGH OIL & GAS COMPANY**

Address  
**1100 West Avenue J, Lovington, New Mexico 88260**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Ownership effective November 1, 1974	
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
				Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner **R. K. Horton, d/b/a Desert Inn Motel, P. O. Box 3251, Midland, Texas 79701**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	State 10	Well No.	1	Pool Name, including Formation	S. Crossroads Devonian	Kind of Lease	State	Lease No.	E-7067
Location									
Unit Letter	F	1980	Feet From The	West	Line and	2310	Feet From The	North	
Line of Section	10	Township	10 South	Range	36 East	NMPM,	Lea	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"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Sumit Gas Company</b>	<b>405 Entex Bldg., Houston, Texas 77002</b>					
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)					
<b>None (TSTM)</b>						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	10	10S	36E	No	

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, 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					

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/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.

*Clarence A. Waller*  
(Signature)  
Partner  
(Title)  
December 10, 1974  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY *Joe L. [unclear]*  
TITLE *Director*

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.

RECEIVED

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OIL CONSERVATION COMM.  
HOBBES, H. M.