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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

Corrected Form

I. Operator
Signal Oil and Gas Company
Address
509 West Texas Avenue, Midland, Texas
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner **Sunray DX Oil Company, Midland, Texas**

II. DESCRIPTION OF WELL AND LEASE

Lease Name AP State (00-4558)	Well No. 1	Pool Name, Including Formation Simanola Penn	Kind of Lease State 00-00000000
Location Unit Letter I 1980 Feet From The South Line and 660 Feet From The East Line of Section 17 Township 10-S Range 34-E 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) 1509 West Wall, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 I	Sec. 17	Typ. 10-S	Rge. 34-E	Is gas actually connected? No	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-16-64	Date Compl. Ready to Prod. 3-30-64		Total Depth 10,015		P.B.T.D. 9984			
Pool Simanola	Name of Producing Formation Bough "C"		Top Oil/Gas Pay 9950		Tubing Depth 5990			
Perforations 9962-66					Depth Casing Shoe 10,015			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		375'		375			
12-1/4"	8-5/8"		4100'		575			
7-7/8"	5-1/2"		10015'		225			
	2-3/8"		5990		- -			

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 May 1, 1965	Date of Test May 13, 1965	Producing Method (Flow, pump, gas lift, etc.) Pump (hyd.)	
Length of Test 24 hours	Tubing Pressure 1800	Casing Pressure 640	Choke Size - -
Actual Prod. During Test 1100	Oil-Bbls. 17	Water-Bbls. 1083	Gas-MCF 8.6

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

D. J. Delany
(Signature)
Prod. Engineer
(Title)
5/18/65
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY _____

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 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 Sections I, II, III, and VI only 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