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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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-1
Effective 1-1-65

Operator LAYTON ENTERPRISES, INC.

Address 3102 79TH ST. LUBBOCK, TEXAS 79923

Reason(s) for filing (Check proper box)

New Well	☐	Change In Transporter of:		Other (Please explain)
Recompletion	☐	Oil	☐	EFFECTIVE DATE OF CHANGE
Change In Ownership	☒	Casinghead Gas	☐	OF OWNERSHIP
		Dry Gas	☐	15 DECEMBER 15, 1975
		Condensate	☐	

If change of ownership give name and address of previous owner TENNECO OIL, 6800 PARK TEN BLVD, SAN ANTONIO, TX 78211

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>STATE OF NEW MEXICO</u>	<u>3</u>	<u>1NEE PERMIO PENN</u>	State, Federal or Fee <u>STATE</u>	<u>NM 339</u>
Location <u>(OG 5369</u>				
Unit Letter	<u>K</u>	<u>2130</u> Feet From The <u>SOUTH</u> Line and <u>1830</u> Feet From The <u>WEST</u>		
Line of Section	<u>6</u>	Township <u>11 S</u>	Range <u>54 E</u>	County <u>LEA</u>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
<u>AMOCO PIPELINE COMPANY</u>	<u>302 E. AVE A LOVINGTON, N.M. 88266</u>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
<u>WARREN PETROLEUM COMPANY</u>	<u>P.O. Box 1589 TULSA, OKLA 74102</u>
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec. <u>6</u> Twp. <u>11 S</u> Rge. <u>54 E</u>
	Is gas actually connected? <u>YES</u> When <u>3-20-63</u>

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 Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead 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 (pilot, 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

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.

Ronald P. Layton
(Signature)
PRESIDENT
(Title)
12-18-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 16 1975, 19____
BY Jerry Sexton
TITLE Dist. L. Supv.

This form is to be filed in compliance with NMC 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 deviated points taken on the well in accordance with NMC 1104.

All sections of this form must be filled out completely for allowable production to be computed.

Fill out only Sections I, IV, VI, and VII for an action of recompleting, workover, or transportation or other such change of conditions.