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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

I.

Operator Allen K. Trobaugh	
Address 509 First National Bank Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" 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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name "FCS" Corn	Well No. 1	Pool Name, including Formation No. Bagley Upper Penn	Kind of Lease State, Federal or Fee State	Lease No. OG-1318 & E-7489
Location				
Unit Letter D	660	Feet From The north Line and	660	Feet From The west
Line of Section 15	Township 11S	Range 33E	, 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)				
Service Pipeline Company	3411 Knoxville Ave, Lubbock, Texas 79400				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Warren Petroleum Corporation	P. O. Box 1589, Tulsa, Oklahoma 74102				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 15	Twp. 11S	Rge. 33E	Is gas actually connected? <input type="checkbox"/> 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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7/20/67	Date Compl. Ready to Prod. 8/26/67		Total Depth 10,258'		P.B.T.D. 9,825'			
Elevations (DF, RKB, RT, GR, etc.) 4290 RKB	Name of Producing Formation Upper Penn		Top Oil/Gas Pay 9500		Tubing Depth 9,493'			
Perforations 9785, 9739, 9666, 9637, 9623, 9619, 9587, 9522, 9514, 9509, 9501, 9500					Depth Casing Shoe 10,258'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	12 3/4"		365'		350			
11"	8 5/8"		3,789'		400			
7 7/8"	5 1/2"		10,258'		500			

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 8/27/67	Date of Test 8/29/67	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 550#	Casing Pressure Pkr	Choke Size 24/64"
Actual Prod. During Test 629 bbls fluid	Oil - Bbls. 314	Water - Bbls. 308	Gas - MCF 595

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.

Allen K. Trobaugh
(Signature)
Operator
(Title)
9/1/67
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **John D. Ramey**
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 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 completed wells.