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U.S.G.S.		
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

NOV 23 12 00 PM '67

I. Operator
Major, Giebel & Forster
Address
Box 953, Midland, Texas
Reason(s) for filing (Check proper box)
New Well ☒ X Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
PURSUANT TO THE POOL RULES THIS AUTHORITY TO PRODUCE AND SELL OIL FROM THIS WELL WILL AUTOMATICALLY EXPIRE UNLESS A CASINGHEAD GAS CONNECTION OR AN AUTHORIZED EXCEPTION TO THE NO-LEASE RULE HAS BEEN OBTAINED BY:
12/15/67
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Fina-State** Well No. **1** Pool Name, including Formation **So. UNDESIGNATED** Kind of Lease **State**
Location **Bagley-Pennsylvanian R-3411**
Unit Letter **J** 1980 Feet From The **South** Line and 1980 Feet From The **East**
Line of Section **36**, Township **11S** Range **33E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ X or Condensate ☐
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)
Box 3119, Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
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 **J** Sec. **36** Twp. **11S** Rge. **33E** Is gas actually connected? ☐ 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"/> X	Gas Well	New Well <input checked="" type="checkbox"/> X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9/16/67	Date Compl. Ready to Prod. 11/15/67	Total Depth 10200	P.B.T.D.					
Pool South Inbe	Name of Producing Formation Pennsylvanian Bough C	Top Oil/Gas Pay 9803	Tubing Depth 9800					
Perforations 9908-9917	TUBING, CASING, AND CEMENTING RECORD					Depth Casing Shoe 10199		
HOLE SIZE 15 11 7 7/8	CASING & TUBING SIZE 12 3/4 8 5/8 5 1/2		DEPTH SET 390 3975 10199		SACKS CEMENT 450 400 400			

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 **11/15/67** Date of Test **11/15/67** Producing Method (Flow, pump, gas lift, etc.) **pumping (Kobe)**
Length of Test **24 hrs** Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. **185** Water-Bbls. **46** Gas-MCF **800**

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.
Agent
11/22/67
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION
APPROVED **NOV 29 1967**, 19
BY **SIGNED BY: ERIC F. ENGELBACH**
TITLE **ENGINEER DISTRICT No. 2**
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 completed wells.

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