

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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

I. Operator
Mardoo Properties, Ltd.
Address
Box 953, 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

II. DESCRIPTION OF WELL AND LEASE

North Bagley-Pennsylvanian
Lease Name **Arreola-State** Well No. **1** Pool Name, including Formation **R-3988** Kind of Lease **State**
Location
Unit Letter **I** ; **660** Feet From The **East** Line and **1800** Feet From The **South**
Line of Section **29** , Township **11S** Range **30E** , 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"/> Pan American Pet. Co. (Tulsa)	Address (Give address to which approved copy of this form is to be sent) Box 1725, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Wetran Pet. Co.	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74100
If well produces oil or liquids, give location of tanks.	Unit 1 Sec. 29 Twp. 11S Rge. 30E Is gas actually connected? no When near future

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	Date Compl. Ready to Prod. 4/22/69 Total Depth 10220 P.B.T.D. 10170		
Pool	Name of Producing Formation Middle Penn Top Oil/Gas Pay 9796 Tubing Depth 9821		
Perforations 9790, 9797, 9800, 9803, 9806, 9807, 9808, 9809, 9815	Depth Casing Shoe 10210		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
27 1/2	12 3/4	381	390
11	8 3/2	3746	500
7 7/8	4 1/2	10210	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 3/20/68	Date of Test 4/20/69	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 376	Casing Pressure Backer	Choke Size 32/64
Actual Prod. During Test	Oil-Bbls. 932	Water-Bbls. 1.54	Gas-MCF 420.92

GAS WELL

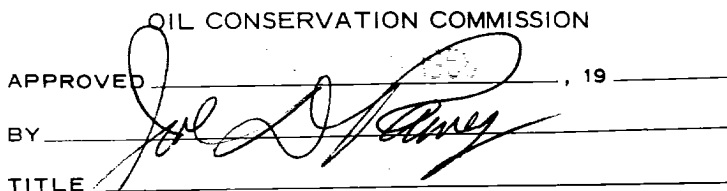
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.


(Signature)
3/7/68
(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 completed wells.