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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND GAS OFFICE O. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUL 2 11 39 AM '68

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator: Waco Properties, Inc.
Address: Box 580, Midland, Texas
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE **UNDESIGNATED**
Lease Name: Waco 58 Well No.: 1 Pool Name, including Formation: Inbe Permian Pennsylvanian R-3662 Kind of Lease: State
Location: Unit Letter Y, 1900 Feet From The South Line and 2130 Feet From The East Line of Section 25, Township 10S Range 5E, NMPM, 102 County

III. 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)
Waco Properties, Inc. (Operator) Box 580, 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)
Waco Properties, Inc. Box 580, Midland, Texas 79701
If well produces oil or liquids, give location of tanks. Unit Y Sec. 25 Twp. 10S Rge. 5E 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 ☒ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
Date Spudded: 12/2/67 Date Compl. Ready to Prod.: 6/20/68 Total Depth: 9305 P.B.T.D.: 5082
Pool: Inbe Permian Name of Producing Formation: Permian Top Oil/Gas Pay: 9600 Tubing Depth: 5800
Perforations: 10.5 - 9600 4 holes Depth Casing Shoe: _____
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
10 3/4 32 3/8 430 300
8 1/2 8 5/8 2030 500
6 1/2 6 1/2 2735 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: 6/2/68 Date of Test: 6/20/68 Producing Method (Flow, pump, gas lift, etc.): Flooding
Length of Test: 4 hrs. Tubing Pressure: 150 Casing Pressure: 160 Choke Size: 29/64
Actual Prod. During Test: 27 Oil-Bbls.: 807 Water-Bbls.: 107 Gas-MCF: 510

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] (Signature)

(Title)

(Date)
OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY [Signature]
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.