

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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

SEP 17 11 50 AM '68

I. Operator Major, Giebel & Forster
Address 1126 Vaughn Building, Midland, Texas 79701
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) Designation of Transporter of Oil & Gas (Completion Data filed on USGS Form 9-330)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Mallard-Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Undesignated Bough "C"</u> <u>Wada-Pennsylvanian R-3562</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-098-591-A</u>
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>33</u> Township <u>9-S</u> Range <u>34-E</u> , NMPM, <u>Lea</u> 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"/> <u>Admiral Crude</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1345, Midland, Texas 79701</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1589, Tulsa, Oklahoma 74100</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>33</u>	Twp. <u>9-S</u>	Rge. <u>34-E</u>	Is gas actually connected? <u>No</u>	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 <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 <u>7/31/68</u>	Date Compl. Ready to Prod. <u>9/7/68</u>		Total Depth <u>9890</u>		P.B.T.D. <u>9836</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>4244 GL; 4256 KB</u>	Name of Producing Formation <u>Bough "C"</u>		Top Oil/Gas Pay <u>9799</u>		Tubing Depth <u>9815</u>			
Perforations <u>9799-9805 w/2 ISPF</u>					Depth Casing Shoe <u>9890</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>15"</u>	<u>11-3/4</u>		<u>350</u>		<u>350</u>			
<u>11"</u>	<u>8-5/8</u>		<u>4050</u>		<u>400</u>			
<u>7-7/8"</u>	<u>5-1/2</u>		<u>9890</u>		<u>400</u>			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 <u>9/7/68</u>	Date of Test <u>9/8/68</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>170 psi</u>	Casing Pressure <u>0-Packer</u>	Choke Size <u>35/64</u>
Actual Prod. During Test <u>481</u>	Oil-Bbls. <u>458</u>	Water-Bbls. <u>23</u>	Gas-MCF <u>550</u>

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.

William G. Kern
(Signature)
Engineer
(Title)
September 12, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John A. Staves
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.
This form must be filed in duplicate.