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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

Operator H. C. HOOD	
Address 522 Bank of the Southwest, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

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

II. DESCRIPTION OF WELL AND LEASE		UNDESIGNATED	
Lease Name T. P. State	Well No. 2	Pool Name, including Formation Inbe - Penn.	Kind of Lease State, Federal or Fee State
Location F 1980 Feet From The North Line and 1980 Feet From The West		Lease No. X-5442	
Line of Section 25 Township 10S Range 33E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Service Pipeline	3411 Knoxville Ave., Lubbock, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1539, Tulsa, Okla.		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 25	Twp. 10S
	Rge. 33E	Is gas actually connected? No When Unknown	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)		X								
Date Spudded 9-17-68	Date Compl. Ready to Prod. 11-10-68	Total Depth 10,000'		P.B.T.D. 9945'						
Elevations (DF, RKB, RT, GR, etc.) 4216.3 GR	Name of Producing Formation Permo Penn	Top Oil/Gas Pay 9,912'		Tubing Depth 9933'						
Perforations 9919', 9924', 9929'		Depth Casing Shoe 10,000'								
TUBING, CASING, AND CEMENTING RECORD										
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT					
17"	12 3/4"		360		400					
11"	8 5/8"		3995		350					
7 7/8"	4 1/2"		10000		400					
	2 3/8"		9933							

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 11-10-68	Date of Test 11-10-68	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 430	Oil-Bbls. 279	Water-Bbls. 151	Gas-MCF 335

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Timothy M. Fitch
(Signature)
Agent
(Title)
11-11-68
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John W. Rungman
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.