NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1. FILE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator RROWN COMPANY MAURICE Address 64112 POBOX 1/320' Reason(s) for filing (Check proper box) <u> 11320</u> MO Other (Please explain) New Well Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate 79701 If change of ownership give name TENNECO and address of previous owner COMPANY: PO OTL 1031 II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Kind of Lease Lease No. PENN EST State, Federal or Fee INSAL UADA FEE SOUTH Line and 1980 34E Line of Section NMPM Township Range County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil 🔀 Address (Give address to which approved copy of this form is to be sent) PIPE LINE COMPANY BOX 633 : MIDLAND 79701 POBOX 633 MIDLAND TX 79701 Address (Give address to which approved copy of this form is to be sent) or Dry Gas Name of Authorized Transporter of Casinghead Gas 🔀 PETROLEUM MIDLAND actually connected? If well produces oil or liquids, 95 YES If this production is commingled with that from any other lease or pool, give commingling order numbers V. COMPLETION DATA Oil Well Gas Well New Well Workover Flug Back Same Resty, Diff. Resty. Designate Type of Completion - (X) Date Spudded Date Compi. Ready to Prod. Total Depth P.B.T.D. Name of Producing Formation Top Oll/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc., Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET SACKS CEMENT HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Date of Test Casing Presews Choke Size Tubing Pressure Length of Test Water - Bbis. Gas - MCF Oil - Bbls. Actual Prod. During Test **GAS WELL** Length of Test Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)

VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

TITLE .

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 sllow-able on new and recompleted wells.

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despense

OIL CONSERVATION COMMISSION

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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.

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NOV8 1976
OIL CONSERVATION COMM.
HOBBS, N. M.

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1975

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