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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

APR 10 11 47 AM '69

I. Operator **Sam Boren**  
Address **4520 West Highway 80, 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)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Crowley State "A" State** Lease No. **3747** Well No. **1** Pool Name, Including Formation **Indesignated** Kind of Lease **State**  
Location **Bagley-Pennsylvanian R-3911**  
Unit Letter **L** **660** Feet From The **West** Line and **1,980** Feet From The **South**  
Line of Section **5** Township **12-S** Range **33E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**The Permian Corporation** Address (Give address to which approved copy of this form is to be sent)  
**P. O. Box 3119, Midland, Texas 79701**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**Warren Petroleum Corporation** Address (Give address to which approved copy of this form is to be sent)  
**1350 So. Boulder Ave., Tulsa, Oklahoma 74102**  
If well produces oil or liquids, give location of tanks. Unit **L** Sec. **5** Twp. **12-S** Rge. **33-E** Is gas actually connected? **No** When **Warren now laying line.**

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

V. 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 **12-31-68** Date Compl. Ready to Prod. **3-31-69** Total Depth **10,299'** P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) **4,892 GR** Name of Producing Formation **Upper Penn - C-1350** Top Oil/Gas Pay **9,454'** Tubing Depth  
Perforations **9,459'** **Ranger Lake J.W.A.** **8,807'**  
**10,299'**  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
**17-1/4"** **11-3/4"** **0 - 418** **385**  
**9-7/8"** **8-5/8"** **0 - 3895** **450**  
**7-7/8"** **4-1/2"** **0 - 10299** **600**  
**2-3/8"** **0 - 8807**

VI. 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 **3-31-69** Date of Test **3-31-69 to 4-4-69** Producing Method (Flow, pump, gas lift, etc.) **Gas lift**  
Length of Test **96 hours** Tubing Pressure **100** Casing Pressure **2,070** Choke Size **32/64**  
Actual Prod. During Test **420** Oil - Bbls. **105** Water - Bbls. **200** Gas - MCF **400-300=100 MCF Net**

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

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.

**Ralph H. Viney**

(Signature)

**Agent**

(Title)

**April 17, 1969**

(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 28 1969**, 19

BY **[Signature]**

TITLE **[Signature]**

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.