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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

I. Operator
Sam Boren

Address
Box 955, Midland, Texas

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 Flakemoor State	Well No. 1	Pool Name, Including Formation North Waples Lower Perm	Kind of Lease State, Federal or Fee State	Lease No. 1-2097
Location Unit Letter C ; 650 Feet From The North Line and 1980 Feet From The West Line of Section 31 Township 17S Range 33E , NMPM, Lee County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Tas Lorman Corp.	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Corran Pet. Corp	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Okla. 74102					
If well produces oil or liquids, give location of tanks. 0	Unit 3	Sec. 35	Twp. 17S	Rge. 33E	Is gas actually connected? NO	When 8-20-69

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-20-69	Date Compl. Ready to Prod. 8-19-69		Total Depth 10230		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 1005 GL	Name of Producing Formation Pennsylvanian		Top Oil/Gas Pay 9935		Tubing Depth 9532			
Perforations 9935-9936					Depth Casing Shoe 9935			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	11 3/4		1005		375			
9 1/8	8 5/8		2031					
9 7/8	2 5/8		9935		450			
2 7/8	2 1/2		10390		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 8-19-69	Date of Test 8-19-69	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 1000	Choke Size 2.0 in
Actual Prod. During Test	Oil - Bbls. 240	Water - Bbls. 600	Gas - MCF 236

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.

Lillian Jones
(Signature)

Agent

(Title)

8-20-69

(Date)

OIL CONSERVATION COMMISSION

AUG 25 1969

APPROVED _____, 19

BY *Lillian Jones*

TITLE *AGENT*

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.