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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 953, 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) Off 12-1-69

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE North Bagley-Pennsylvanian
Lease Name Mathews C Well No. 1 Pool Name, Including Formation R-3988 Kind of Lease 300 Lease No.
State, Federal or Fee
Location
Unit Letter K 1980 Feet From The North Line and 1980 Feet From The West
Line of Section 30 Township 12S Range 33W, NMPM, Uta County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Amoco Pipeline Co. Address (Give address to which approved copy of this form is to be sent)
San Antonio, Tex. Co. (444) Service P.O. Box 1725, Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Warren Pet. Corp. Address (Give address to which approved copy of this form is to be sent)
Box 1400, Tulsa, Okla. 74101
If well produces oil or liquids, give location of tanks. Unit K Sec. 30 Twp. 12S Rge. 33W Is gas actually connected? No When Soon

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) X Oil Well X Gas Well X New Well X Workover X Deepen X Plug Back X Same Res'v. X Diff. Res'v. X
Date Spudded 7-23-69 Date Compl. Ready to Prod. 9-23-69 Total Depth 10,400 P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) 6310 Name of Producing Formation W. Penn Top Oil/Gas Pay 5207 Tubing Depth 9751
Perforations 10,005 - 10,326 Depth Casing Shoe 10,400
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
27 1/2" 11 3/4" 625 425
8 7/8" 8 5/8" 3082 450
7 7/8" 4 1/2" 10280 600

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)

OIL WELL
Date First New Oil Run To Tanks 7-23-69 Date of Test 9-22-69 to 9-23-69 Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 Hrs Tubing Pressure Casing Pressure Choke Size Pump
Actual Prod. During Test Oil-Bbls. 328 Water-Bbls. 700 Gas-MCF 270.4

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)

9-25-69

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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BY

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.