

NO. OF COPIES RECEIVED
DISTRIBUTION
SANTA FE
FILE
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 Boron
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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name Mathers D Well No. 1
Location North Bagley-Pennsylvanian R-3988
Unit Letter N ; 660 Feet From The South Line and 3980 Feet From The West
Line of Section 30 Township 11S Range 33E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Pan American Pet. Co.
Address (Give address to which approved copy of this form is to be sent)
Box 1725, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Warren Petroleum 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. Unit N Sec. 30 Twp. 11S Rge. 33E 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) Oil Well X Gas Well X New Well X Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded 8-30-69 Date Compl. Ready to Prod. 10-8-69 Total Depth 10400 P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) 4305 GL Name of Producing Formation Lower Penn Top Oil/Gas Pay 9993 Tubing Depth 9846
Perforations 9994 - 10,242 Depth Casing Shoe 10,400
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
17 1/2 11 3/4 127 425
9 7/8 8 5/8 3946 450
7 7/8 4 1/2 10400 600

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 10-10-69 Date of Test 10-9 to 10-10-69 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. 260 Water-Bbls. 750 Gas-MCF 208

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.

Agent (Signature)
(Title)
10-14-69 (Date)

OIL CONSERVATION COMMISSION
APPROVED OCT 16 1969, 19
BY
TITLE SUPERVISOR DISTRICT

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.