

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

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
Midwest Oil Corporation
Address
1500 Wilco Bldg., 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)
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Federal "E"** Well No. **1** Pool Name, including Formation **Midland** Kind of Lease **Federal** Lease No. **NM 054111**
Location
Unit Letter **E** **1980** Feet From The **North** Line and **660** Feet From The **South**
Line of Section **25** Township **9-S** Range **33-E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Pan American - Trucks Address (Give address to which approved copy of this form is to be sent)
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)
P.O. Box 1509, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks. Unit **E** Sec. **25** Twp. **9** Rge. **33** Is gas actually connected? **No** When **As soon as possible**

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	☐ Gas Well	☒ New Well	☐ Workover	☐ Deepen	☐ Plug Back	☐ Same Res't.	☐ Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
9-2-69	10-29-69		9720					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
4322 RKB	Bough 'G'		9663		9604			
Perforations					Depth Casing Shoe			
9663-64; 9668-77'								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15	11-3/4	320	325
11	8-5/8	3945	400
7-7/8	5-1/2	9720	650
	2-7/8	9604	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-29-69	10-29-69	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs.			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
907	130	777	152

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.

Carolyn Surmon
(Signature)

Production Clerk
(Title)

10-29-69
(Date)

OIL CONSERVATION COMMISSION
NOV 5 1969
APPROVED _____, 19____
BY *[Signature]*
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.