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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
Don Fowen

Address
Box 953, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
THIS WELL HAS BEEN PLACED IN THE POOL
DEVELOPED BY OTHERS WHO DO NOT CONSIDER
RECOMPLETION NECESSARY

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE R-3932

Lease Name Larkin State	Well No. 1	Pool Name, Including Formation Dart-U	Kind of Lease State, Federal or Fee	State State	Lease No.
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Location
Unit Letter D ; 680 Feet From The N Line and 510 Feet From The W

Line of Section 6 Township 9S Range 33E , NMPM, 132 County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Oil Corp	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cotton Service Oil Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Okla.					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 6	Twp. 9S	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded 12-9-69	Date Compl. Ready to Prod. 1-22-70		Total Depth 9228		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 4404 RT	Name of Producing Formation Lower Penn		Top Oil/Gas Pay 9148		Tubing Depth 9065			
Perforations 7 1/2 1-6 1/2					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11 7/8	11 3/4	376	425
8 7/8	8 5/8	1645	
8 7/8	8 5/8	1643-3636	450
7 7/8	4 1/2	9228	400

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 1-22-70	Date of Test 1-21-70	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 26 HOURS	Tubing Pressure ---	Casing Pressure packer	Choke Size kobe pump
Actual Prod. During Test	Oil - Bbls. 102	Water - Bbls. 60	Gas - MCF 21.4

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)

(Title)

(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY John W. Runyan
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.