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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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
Oil Development Company of Texas
Address
900 Polk Street, Amarillo, Texas 79101
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
OF THE **R-4032** AND IS NOT CONSIDERED
A NEW WELL.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rich Unit	Well No. 1	Pool Name, Including Formation East Sawyer (San Andres) R-4032	Kind of Lease State, Federal or Fee Federal	Lease No. LC0693427
Location Unit Letter 8 , 1980 Feet From The South Line and 560 Feet From The West Line of Section 34 Township 20 Range 37E , NMPM, Lea 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 Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 33
	Twp. 20	Rge. 37E
	Is gas actually connected? No When	

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5-19-70	Date Compl. Ready to Prod. 6-9-70		Total Depth 5050'		P.B.T.D. 5042'			
Elevations (DF, RKB, RT, GR, etc.) 3996 RKB	Name of Producing Formation San Andres		Top Oil/Gas Pay 4986'		Tubing Depth 5030'			
Perforations 11-11, 11-12, 11-13					Depth Casing Shoe 5050'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		414'		300 ex Class A			
7-7/8"	4-1/2"		5050'		250 ex Incor Pozmix			
4"	2-3/8"		5030'		50-50			

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 6-9-70	Date of Test 7-8-70	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 226 bbls	Oil - Bbls. 43	Water - Bbls. 183	Gas - MCF 9.0

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.

Larry N. Farrell
(Signature)
Petroleum Engineer
(Title)
July 9, 1970
(Date)

OIL CONSERVATION COMMISSION
APPROVED **JUL 14 1970**, 19____
BY **[Signature]**
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