

DEPARTMENT OF	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes OIL C-101 and C-11
Effective 1-1-65

Operator Cleary Petroleum Corporation	
Address P. O. Box 2358 Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: ☒ Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Alice Ann A	Well No. 1	Pool Name, including Formation Flying M. Brough South	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line of Section 25 Township 9-S Range 32-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Summit Gas Company	Address (Give address to which approved copy of this form is to be sent) 2510 W. Front St., Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit G Sec. 25 Twp. 9-S Rge. 32-E	Is gas actually connected? Yes When April 30, 1975

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 Pres't. ☐	Diff. Pres't. ☐
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.D.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

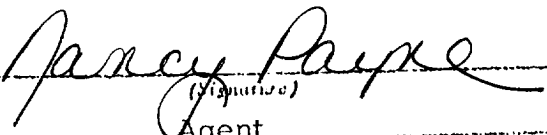
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, 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.


(Signature)
Agent _____
(Title)
12-7-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
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 flow and viscosity 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 conditions.