

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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
Gas Producing Enterprises, Inc.
Address
P.O. Box 235, Midland, Texas 79702
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) **CASINGHEAD GAS MUST NOT BE PLACED AFTER 8/25/78 UNLESS AN EXCEPTION TO R-4076 IS OBTAINED.**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Federal "4"	2	West Sawyer (SA)	State, Federal ☒ NM-0100236-A	
Location Unit Letter <u>F</u> , 660 Feet From The <u>North</u> Line and 1980 Feet From The <u>West</u> Line of Section <u>4</u> Township <u>10-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation	P.O. Box 3119, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
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If well produces oil or liquids, give location of tanks.	Unit	Sec.
	F	4
	Twp.	Rge.
	10-S	37-E
	Is gas actually connected? 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X								
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
5-31-78	6-23-78		5034		5029			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3975.2' GR	San Andres		4963'		4995'			
Perforations					Depth Casing Shoe			
4963-4970', 4973-4980', 4982-4991', 5009-5026'					5033'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" OD (csg)		465'		250 SX			
7-7/8"	5-1/2" OD (csg)		5033'		950 SX			
--	2-3/8" OD (tbg)		4995'		--			

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 oil able 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.)	
6-25-78	6-28-78	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	---	---	---
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
42 bbls	38	4	2

GAS WELL

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

H. E. Calabrese
(Signature)
District Production Superintendent
(Title)
6-30-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 3 1978, 19
BY James L. Lupton
TITLE SUPERVISOR DISTRICT I

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of completion.
Separate Forms C-104 must be filed for each pool in recompleted wells.