

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Avra Oil Company P. O. Box 3193 Midland, TX 79702		OGRID Number 001340
		Reason for Filing Code Change of Operator
API Number 30 - 0 25-26721	Pool Name Flying M (San Andres)	Pool Code 24620
Property Code 04111 15831	Property Name Cash	Well Number 2

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
H	30	9 S	33 E		1839	North	519	East	Lea

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lee Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
020445	Scurlock Permian P. O. Box 838 Hobbs, NM 88240	0944710	O	A-30-9S-33E 660N 460E
024650	Warren Pet. P. O. Box 1589 Tulsa, OK 74102	0944730	G	A-30-9S-33E 660N 460E

IV. Produced Water

POD 0944750	POD ULSTR Location and Description A-30-9S-33E 660N 460E
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: Sandra Spratt

Printed name: Sandra Spratt

Title: Agent

Date: 10-1-94

Phone: 915-682-4866

OIL CONSERVATION DIVISION

Approved by: Orig. Signed by

Title: Permit Agent

Approval Date: OCT 17 1994

If this is a change of operator fill in the OGRID number and name of the previous operator

Royal Oil LTD. Co. 37375

P. O. Box 1100, Hobbs, NM 88240

Previous Operator Signature:

Printed Name
W. R. Ericksen

Title
Agent

Date
10-1-94

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.		Well API No.
Operator ROYAL OIL LTD. CO		30-025-26721
Address P.O. BOX 1100 HOBBS, NEW MEXICO 88240		
Reason(s) for Filing (Check proper box)		
New Well	<input type="checkbox"/>	
Recompletion	<input type="checkbox"/>	
Change in Operator	<input checked="" type="checkbox"/>	
Change in Transporter of:		
Oil	<input type="checkbox"/>	
Casinghead Gas	<input type="checkbox"/>	
Dry Gas	<input type="checkbox"/>	
Condensate	<input type="checkbox"/>	
If change of operator give name and address of previous operator W.R.ERICKSEN, P.O. BOX 1100, HOBBS, NEW MEXICO 88240		

II. DESCRIPTION OF WELL AND LEASE

Lease Name CASH	Well No. 2	Pool Name, Including Formation FLYING M-SAN ANDRES	Kind of Lease State, Federal or <u>Fee</u>	Lease No. 561778
Location				
Unit Letter H	: 1839	Feet From The N	Line and 519	Feet From The E
Section 30	Township 9 S	Range 33 E	NMPM,	LEA
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil PERMIAN	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 838 HOBBS, N.M. 88240	
Name of Authorized Transporter of Casinghead Gas WARREN PETROLEUM	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1589 TULSA, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 30	Twp. 9 S
	Rge. 33 E	Is gas actually connected? YES	When? 4-30-78

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.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 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 Tank	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

ROYAL OIL LTD. CO

Signature
W.R. ERICKSEN
Printed Name
12/1/93
Date
AGENT
505-393-6141
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 10 1994

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

