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NEW MEXICO OIL CONSERVATION COMMISSION  
HOBBBS REQUEST FOR ALLOWABLE HOBBBS OFFICE 0.66  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
NOV 30 11 35 AM '65  
Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator CAPITAN, INC.	
Address P. O. Box 19598 - Dallas, Texas 75219	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in operator Effective 11-1-65
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner Tom L. Ingram P. O. Box 1757 - Roswell, New Mexico	

Lease Name Saiken		Well No. 1	Pool Name, Including Formation Allison- Penn	Kind of Lease State, Federal or Fee Federal
Location				
Unit Letter J, 1980' Feet From The S Line and 1980' Feet From The E				
Line of Section 19, Township 8-S, Range 37-E, NMPM, Roosevelt County				

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> McWood Corporation		Address (Give address to which approved copy of this form is to be sent) 2003 Wilco Building, Midland, Texas				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Capitan, Inc.		Address (Give address to which approved copy of this form is to be sent) P. O. Box 19598 - Dallas, Texas 75219				
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 19	Twp. 8-S	Rge. 37-E	Is gas actually connected? yes	When 10-1-61

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Pool	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 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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19	
CAPITAN, INC. Charles A. Graeber, Treasurer (Signature) (Title)		BY _____	
November 15, 1965 (Date)		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 Sections I, II, III, and VI only 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.	