

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

APR 27 1 11 PM '67

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

I. **Lone Star Producing Company**  
**Box 4815, Midland, Texas 79701**  
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) **Plug Back to Different Reservoir**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

**UNDESIGNATED**  
Lease Name **N. M. "C" Federal** Well No. **1** Pool Name, including Formation **South Prairie-San Andres** Kind of Lease **Federal**  
Location **Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East**  
Line of Section **20**, Township **8 South** Range **36 East**, NMPM, **Roosevelt** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**The Permian Corporation** Address (Give address to which approved copy of this form is to be sent) **Box 3119 Midland, Texas 79701**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**Sinclair Oil and Gas Company** Address (Give address to which approved copy of this form is to be sent) **Box 1470 Midland, Texas 79701**  
If well produces oil or liquids, give location of tanks. Unit **A** Sec. **20** Twp. **8-S** Rge. **36-E** Is gas actually connected? **Yes** When **4-14-67**

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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date Spudded <b>12-22-60</b>	Date Compl. Ready to Prod. <b>4-13-67</b>	Total Depth <b>9695'</b>	P.B.T.D. <b>X</b>					
Pool <b>South Prairie</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>4684'</b>	Tubing Depth <b>4945'</b>					
Perforations <b>4881-4906' (22'), 4927-35' (8') total of 30 holes</b>	TUBING, CASING, AND CEMENTING RECORD		Depth Casing <b>4941'</b>					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>17-1/2"</b>	<b>13-3/8" OD</b>	<b>427'</b>	<b>400 sx (circulated)</b>					
<b>12-1/4"</b>	<b>9-5/8" OD</b>	<b>4335'</b>	<b>2390 sx (circulated)</b>					
<b>8-3/4"</b>	<b>7" OD</b>	<b>9695'</b>	<b>600 sx (top cmt. 7760')</b>					
	<b>2-3/8" OD EUE</b>	<b>4941'</b>						

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 <b>4-13-67</b>	Date of Test <b>4-13-67</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>---</b>	Casing Pressure <b>45#</b>	Choke Size <b>2/64"</b>
Actual Prod. During Test <b>23.49</b>	Oil-Bbls. <b>---</b>	Water-Bbls. <b>98</b>	Gas-MCF <b>24</b>

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

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.

**E. J. Sneed**  
(Signature)

**District Production Superintendent**  
(Title)

**April 18, 1967**  
(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 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.