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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST	FOR ALLOWABLE OF U.C.	Supersedes Old C-104 and C-110 Effective 1-1-65
FILE U.S.G.S.	AND S. C. C. Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE	AUTHORIZATION TO TRA	MASHORINGIF AND NATURAL	- GAS
TRANSPORTER GAS			
OPERATOR			
Operator			
D. M. Norman			
	ilding, Midland, Texa		
Reason(s) for filing (Check proper bo	Change in Transporter of:	Other (Please explain)	
Recompletion	Oil Dry Go	is	
Change in Ownership	Casinghead Gas Conder	nsate	
If change of ownership give name and address of previous owner	Texam Oil Corporat	ion	
DESCRIPTION OF WELL AND		me, Including Formation	Kind of Lease
Luma n		esand San Andres	State, Federal or Fee Fee
Location			
Unit Letter ;;	660 Feet From The North Lir	e and 660 Feet Fro	om The East
Line of Section 23	ownship 85 Range	34E , NMPM, RO	Osevelt County
DECIONATION OF TRANSPOR	AMED OF ON AND NAMEDAL CA	C	
Name of Authorized Transporter of O	RTER OF OIL AND NATURAL GA	Address (Give address to which ap	proved copy of this form is to be sent)
Mobil Pipeline Co	.,Att:W.M.Pittman	P.O. Box 900, Dal	las, Texas proved copy of this form is to be sent)
Name of Authorized Transporter of C	asinghead Gas Tor Dry Gas	P.O. Box 1589, Tu	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tanks.	B 23 85 34E	Yes	1963
If this production is commingled w COMPLETION DATA	Oil Well Gas Well	give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Complet		X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Floughton (DE RVD RT CR	5-15-58 Name of Producing Formation	4630 Top Oil/Gas Pay	4630 Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	San Andres	4554	4500
Perforations			Depth Casing Shoe
4610-20	TURING CASING AND	CEMENTING DECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	10 3/4	330	200
7 5/8	5 1/2	4630	250
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, ga	s lift, etc.)
Date I filet New Oil Ham 10 1 ames	34.0 51.1557	, , , , , , , , , , , , , , , , , , , ,	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
CAC WITH T			
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
CERTIFICATE OF COMPLIA		OIL CONSER	VATION COMMISSION 31969
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.		SUPERVISOR DISTRICT.	
(Sig	gnature)	well this form must be accor	mpanied by a tabulation of the deviation
Operator		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-	
(Title)		able on new and recompleted wells.	
June 25, 1969 (Date)		Fill out only Sections I, II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	
·		Separate Forms C-104 to completed wells.	must be filed for each pool in multiply