## NO. OF COPIE'S RECEIVED DISTRIBUTION SANTA FE FILE u.s.g.s. LAND OFFICE OIL I RANSPORTER GAS OPERATOR PRORATION OFFICE

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

AND AND AND COLOR COLOR AND NATURAL GAS JUN 27 2 44 PM '69 D. M. Norman 304 Central Building, Midland, Texas 79701 Other (Please explain) Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion 011 Dry Gas Change in Ownership Casinghead Gas If change of ownership give name Texam Oil Corporation and address of previous owner I. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation State, Federal or Fee Milnesand San Andres Fee Luman 3482 3 Location 660 ; 1980 Feet From The East North Unit Letter **B** Line and Feet From The Roosevelt 23 85 34E Township Range , NMPM, Line of Section Address (Give address to which approved copy of this form is to be sent) P.O. Mobil Pipeline Co.- Att: W.M. Pittman
Name of Authorized Transporter of Casinghead Gas ( ) or Dry Gas ( Box 900, Dallas, Texas
ive address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Oklahoma Att: L.A. Jackson Warren Petroleum -If well produces oil or liquids, give location of tanks. 85 Yes 1963 R 23 34E No If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Oil Well Gas Well New Well Workover Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion - (X) X Date Compl. Ready Total Depth P.B.T.D. Date Spudded 4625 3-13-63 4640 2-23-63 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 4605 4249 4571 San Andres Depth Casing Shoe 4574-78; - 4581; 4585-88; 4603-01; 4606-8; 4612-14 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 5/8 1/2 438 4640 7/8 4605 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Length of Test Tubing Pressure Casing Pressure Gas - MCF Water - Bbls. Actual Prod. During Test Oil-Bbls.

GAS WELL
Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Gravity of Condensate Length of Test Choke Size Casing Pressure Tubing Pressure Testing Method (pitot, back pr.)

## I. 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.

D.M. Morma
(Signature)
<u>Operator</u>
(Title)
June 25, 1969 (Date)

OIL CONSERVATION COMMISSION

APPROVED 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 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 must be filed for each pool in multiply completed wells.