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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUN 27 2 44 PM '69

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

Operator D. M. Noman	
Address 304 Central Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner **Texam Oil Corporation**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Weathersby	Lease No. 3483	Well No. 3	Pool Name, Including Formation. Milnesand San Andres	Kind of Lease State, Federal or Fee Fee
Location				
Unit Letter F	1980	Feet From The North	Line and 1980	Feet From The West
Line of Section 24	Township 85	Range 34E	, NMPM, Roosevelt County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Mobil Pipeline Co., Att: W.M. Pittman	P.O. Box 900, Dallas, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum - Att: L.A. Jackson	P.O. Box 15894, Tulsa, Oklahoma	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 23
	Twp. 85	Rge. 34E
	Is gas actually connected? Yes	When 1963

If this production is commingled with that from any other lease or pool, give commingling order number: **No**

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 12-16-62	Date Compl. Ready to Prod. 12-27-62	Total Depth 4760		P.B.T.D. 4719					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation San Andres	Top Oil/Gas Pay 4605		Tubing Depth 4600					
Perforations 4605-09; 4617-21; 4628-32; 4664-72		Depth Casing Shoe 4760							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
10 3/4	8 5/8		450		Circ. to surface				
7 1/8	5 1/2		4760		250				
	2"		4600						

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

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. Noman
(Signature)
Operator
(Title)
June 25, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 3 1969**, 19
BY **[Signature]**
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.