

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

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U.S.G.S.
LAND OFFICE
TRANSPORTER OIL GAS
OPERATOR
PRORATION OFFICE

I. **Felmont Oil Corporation**

Address: **c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico**

Reasons for filing (Check proper box) Other (Please explain)

Change of Ownership	Change in Transporter	Oil	Dry Gas	To show pool designation
Production	Dissemination	Condensate		

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No. Pool Name, and also Formation	Kind of Lease
Federal 10	1 Bluit - San Andres Gas	State, Federal or Fee Federal
Location		
Tract Center J 1650 Feet From The South Line and 1650 Feet From The East		
Section 10 Township 8 S Range 37 E , 10NEM Roosevelt County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Capitan, Inc.	Box 19598, Dallas, Texas
Name of Authorized Transporter of Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Capitan, Inc.	Box 19598, Dallas, Texas
If well produces oil or liquids, have I made up of tanks	Unit Sec. Sp. Age. Is well actually connected? When
	Yes 10/13/65

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	Dry Well	New Well	Work over	Deepen	Plug Back	Same Perf.	Diff. Perf.
Date Performed	Date Compl. Ready to Prod.	Depth	Perf. Depth					
Name	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

Time and New Oil Run To Tank	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/MCF	Gravity of Condensate
Testing Method (pitot, back pvg)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commissioner have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

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.

(Signature)

Agent

(Title)

January 5, 1966

(Date)