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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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

10/17/65

I. **Falmont Oil Corporation**
Address: **c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico**
Reasons for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter ☐
Transporter ☐ Oil ☐ Dry Gas ☐
Transporter ☐ Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Federal 10	Well No. Pool Name, including Formation	1 Undes. (Bluitt-San Andres Gas)	Kind of Lease	Federal
Location	Unit Letter J	Feet From The South	Line and 1650	Feet From The East	
Location	10	Township 8 S	Range 37 E	Section 1650	County Roosevelt

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.	or Dry Gas <input checked="" type="checkbox"/>	Box 19598, Dallas, Texas
Is well produces oil or liquids, give location of tanks.	Unit	Sec. sp. Age. Is gas initially 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
6/26/65	7/30/65	4588	4551					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Undes. Bluitt	San Andres	4410	4366					
Perforations			Depth Casing Shoe					
4410, 4416, 4419, 4423, 4426, 4450, 4454, 4458, 4462, 4477, 4511,		4517, 4526	4582					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8	357	275					
7 7/8	4 1/2	4582	125					
	2 3/8	4366						

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/MCF	Gravity of Condensate
CAOP 1550	4 hours	0	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back Pressure	1243 SI	1243 SI	

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.

H. L. Smith
(Signature)

Agent
(Title)

October 13, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 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 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.