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U.S.G.S.	
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

11-15-66

I. OPERATOR	
Kincaid & Watson Drilling Company	
Address	
P.O. Box 498, Artesia, New Mexico	
Reason(s) for filing (Check proper box)	
New Well	Lease in Transporter of:
Leasing action	Oil
Change in ownership	Transporter's
	Lease
	Lease

If change of ownership give name and address of previous owner: Gulf Oil Corporation, Box 98, Andrews, Texas

II. DESCRIPTION OF WELL AND LEASE	
Well Name	Well No. Pool Name, including Formation
Federal Brown "A" Lease	1 Milnesand - San Andres
State, Federal or Pool	Federal
Unit Letter	1980
Section	North
Line and	1980
Feet from the	West
Line section	4
Township	8-S
Range	35-E
County	Roosevelt

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Addressee (Transporter of Oil or Condensate)	Address (Give address to which approved copy of this form is to be sent)
McWood Corporation	2003 Wilco Building, Midland, Texas
Name of Addressee (Transporter of Gas or Dry Gas)	Address (Give address to which approved copy of this form is to be sent)
None	
If well produces oil or liquids, give location of tank	Is gas actually connected?
G 5 8-S 35-E	No

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)	
Date completed	Date Compl. Ready to Prod.
	Total Depth
	Name of (Producing) Formation
	Top Casing Gas Bay
	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 (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	Flowing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Boils.	Water-Boils.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF	Length of Test	Boils. Condensate MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Flowing 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.

Stanley King
(Signature)

Agent
(Title)

February 10, 1966
(Date)

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 owned and/or leased wells.