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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

HOBBBS OFFICE O.C.C.  
Feb 20 4 23 PM '66

I.

Operator	
Address <b>Midwest Oil Corporation</b>	
<b>1500 Wilco Bldg. Midland, Texas</b>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
<b>Horgan Federal Tract #1</b>		<b>6</b>	<b>Claveroo</b>	<b>Federal</b>
Location				
Unit Letter <b>1</b>	<b>640</b> Feet From The <b>East</b> Line and <b>1900</b> Feet From The <b>South</b>			
Line of Section <b>27</b>	Township <b>7-S</b>	Range <b>33-E</b>	NMPM, <b>Roosevelt</b> 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)					
<b>Magnolia Pipeline Co.</b>	<b>P. O. Box 900, Dallas, Texas</b>					
Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>None</b>						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<b>0</b>	<b>27</b>	<b>7-S</b>	<b>33-E</b>	<b>No</b>	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<b>January 17, 1966</b>	<b>February 20, 1966</b>	<b>4426</b>	<b>4387</b>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<b>4378.4 GL</b>	<b>San Andres</b>	<b>4211</b>	<b>4039</b>					
Perforations						Depth Casing Shoe		
<b>4255-4267</b>						<b>4423</b>		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>11"</b>	<b>8 3/8"</b>		<b>357</b>		<b>300</b>			
<b>7 7/8"</b>	<b>5 1/2"</b>		<b>4426</b>		<b>225</b>			

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.)	
<b>Feb. 23, 1966</b>	<b>Feb. 21, 1966</b>	<b>Flow</b>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<b>24</b>	<b>100</b>		<b>16/64</b>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
<b>75</b>	<b>75</b>	<b>0</b>	<b>23</b>

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.

  
(Signature)  
**Dist. Clerk**  
(Title)  
**Feb. 24, 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 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.