| | | _ | | | |
|------|---|---|--|--|--|
| | DISTRIBUTION | | က္က ဟ CONSERVATION COMMISSIC | Form C -104 | |
| | AND Effective 1-1-65 | | | | |
| | LAND OFFICE | | | | |
| | TRANSPORTER GAS | | | | |
| | | | | | |
| I. | Operator | | | | |
| | Address | | | | |
| | Reason(s) for filing (Check proper box) We will a set of the set | | | | |
| | New Well | Change in Transporter of: Oil Dry Go | as | | |
| | Change in Ownership | Casinghead Gas Conde | | | |
| | If change of ownership give name and address of previous owner H | N MARICAN FETROL | EUM CORP. Dox 68; | HOBBS, N.M. | |
| П. | DESCRIPTION OF WELL AND | ESGRIPTION OF WELL AND LEASE | | | |
| | Location D | COLEMAN D / CHAVEROO - SAN HNDRES State, Federal or Fee FEE | | | |
| | Unit Letter <u>E</u> : <u>19</u> 6 | Feet From The NGRTH Lir | ne and <u>660</u> Feet From 7 | The WEST | |
| | Line of Section 24 To | wnship 7-5 Range 3 | 3-E, NMPM, ROOS | EVELT County | |
| III. | DESIGNATION OF TRANSPOR | TER OF OIL AND NATURAL GA | Agaress (Give address to which approv | ved copy of this form is to be sent. | |
| | MOBIL FIFE LIN | <u>re (o</u> | Box 900, Val | lad Telas | |
| | None of Authorized Transporter of Car | singhead Gas 🗲 or Dry Gas 🚞 – – – – – – – – – – – – – – – – – – | Redress Give address to which approv | yed copy of this (frm is to be sent) | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Ege. | is gar actually connected? Whe | 1-29-1-6 | |
| | If this production is commingled with | th that from any other lease or pool, | | $-\varphi \propto f \cdot \varphi \varphi$ | |
| IV. | COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | |
| | Designate Type of Completio | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| | | | | | |
| | Elevations (DF, RKB, RT, GR, etc., | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | |
| | Perforations | | | | |
| | HOLE SIZE | TUBING, CASING, AND CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| v. | TEST DATA AND REQUEST F(| OR ALLOWABLE (Test must be a) | (ter recovery of total volume of load oil c pth or be for full 24 hours) | and must be equal to or exceed top allow- | |
| ĺ | | | Producing Method (Flow, pump, gas lift, etc.) | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| | Actual Prod, During Test | Cii-Bbie. | Water-Bble. | Gas - MCF | |
| | | | | | |
| ſ | GAS WELL Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | |
| | · · · · · · | | | | |
| /1. | CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION | | | A 22.744 6 | |
| | I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given | | APPROVED, 19 | | |
| | above is true and complete to the best of my knowledge and belief. | | | | |
| | $\gamma_{A} P Q $ | | TITLE <u>SUPERVISUE USHALL</u> This form is to be filed in compliance with RULE 1104. | | |
| - | M.L. Alsenbrey Signa | Mentrey | 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 sllow- able 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. | | |
| | Prod. Clerk | V | | | |
| | (1-27-70 | (*) | | | |
| • | (Dat | ie) | | | |
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