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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 1-1-67

JUL 12 1 11 PM '67

Operator Tom Schneider	
Address 509 West Texas, Midland, Texas 79701	
Reason(s) for filling (check proper box)	
New Well	Change in Transporter of
Recompletion	Oil <input checked="" type="checkbox"/> Dry Gas
Change in Ownership	Gashead Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hordo-State	Lease No. 1	Well No., Pool Name, Locality, Formation Chaveroo (San Andres)	Kind of Lease State, Federal or Free	State
Location				
Unit Letter A	660	Feet from the North	660	Feet from the East
Line of Section 31	Township 7	Range 33	County Roosevelt	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate Admiral Crude Oil Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1345, Midland, Texas 79701					
Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <i>Chas. J. ...</i>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 7	Twp. 7S	R. 33E	Is it actually connected? <i>Yes</i>	When

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 Spudded	Date Compl. Ready to Prod.	Total Depth	Feet to Oil
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil This Day	Bottom Depth
Perforations	Depth During 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	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/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.

Tom Schneider
Agent (Signature) Tom Schneider

June 10, 1967

(Title)

(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.