

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
OCT 7 11 53 AM '66
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. OPERATOR
KERN COUNTY LAND CO
Address
414 FIRST STATE BANK BLDG, MIDLAND TEXAS
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name
F-24
Well No. 5
Pool Name, including Formation
CHANDLER-SAND ANDES
Kind of Lease
State, Federal or Fee
Fed
State No.
NM
017282
Location
Unit Letter
H
1980
Feet From The
16 3/4
Line and
640
Feet From The
EAST
Line of Section
24
Township
7S
Range
33E
NMPM, ROOSEVELT
County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
MIDLAND OIL CO
Address (Give address to which approved copy of this form is to be sent)
Box 900 DALLAS, TEXAS
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
- / -
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
G
Sec.
174
Twp.
7S
Rge.
33E
Is gas actually connected?
No
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)
Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Rest. ☐ Diff. Rest. ☐
Date Spudded
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
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	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 (pilot, back pr.)
Tubing Pressure (Shut-in)
Casing Pressure (Shut-in)
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.

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

Annex K
(Signature)

District Accountant
(Title)

OCT 6, 1966
(Date)