

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

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

HURB... Farm, C-104  
Supers... Old C-104 and C-110  
Effective 1-1-65  
JAN 11 11 33 AM '67

Tom L. Ingram

P. O. Box 1757 - Roswell, New Mexico

Reason(s) for filing (check proper box)

Change of ownership ☒ Change in Transporter of:  
Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease
Alcorn	2	Milnesand-San Andres	Federal
Section	660	Feet From The South Line and 990	Feet From The West
Range	21	Township 8-S	Range 35-E
N.M.P.M.		Roosevelt	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)					
Mobil Pipe Line Company	P. O. Box 900 - Dallas, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
If well produces casinghead gas, give location of tanks	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	28	8S	35E	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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v. Diff. Res'v.
X							
Date Drilled	Date Compl. Ready to Prod.	Total Depth	P.E.T.D.				
11-21-66	1-9-67	4730	4720				
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Milnesand-San Andres	San Andres	4671	4611				
Perforations	Depth Casing Shoe						
4671, 4676, 4681, 4685, 4689, 4697 - 2 shots per foot	4730						
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
11"	8-5/8"	400	250 sacks circ.				
7-7/8" & 6-3/4"	4-1/2"	4730	250 sacks				
	2-3/8"	4611	None				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Ran To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-9-67	1-9-67	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	-	-	-
Average Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	35	81	18

GAS WELL

Average Prod. Test-MCF/24	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (pilot, 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)

Operator  
(Title)

January 9, 1967  
(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 completed wells.