

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-11
Effective 1-1-65

DISTRIBUTION		
STATE		
FEDERAL		
G.S.		
OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. OPERATOR

Operator _____

Address Gene Milford dba Milford Pipe & Supply

Reason(s) for change (check proper box) Box 427 Tatum, N.M. 88267

New Well ☐ Change in Transporter of: _____

Recompletion ☐ Oil ☐ Dry Gas ☐ Other (Please explain) _____

Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐ _____

Effective Nov. 1, 1973

If change of ownership give name and address of previous owner Gayman Corporation 1206 Wilco Bldg. Midland, TX 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Hondo State</u>	<u>2</u>	<u>Chaveroo-San Andres</u>	<u>State, Federal or Fee</u>	<u>B-10130</u>
Location	Unit Letter <u>E</u>	Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>North</u>		
Line of Section <u>31</u>	Township <u>7-S</u>	Range <u>33E</u> , NMPM, <u>Roosevelt</u>		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)
<u>DOT Energy Corp. Effective 1-1-93</u>	
Name of Authorized Transporter of 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)
<u>Mobil Pipe Line Company</u>	<u>P.O. Box 900 Dallas, Texas 75221</u>
<u>Cities Service Pipe Line Company</u>	<u>P.O. Box 300 Tulsa, Oklahoma 74102</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u>

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.
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 (pitot, 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.

Gene Milford
(Signature)
Cunning
(Title)
11/16/73
(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.