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TRANSPORTER GAS		
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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 1-1-65

I.

Operator: Eugene E. Lecourg

Address: 3303 Lee Parkway Dallas, Texas 75219

Reason(s) for filing (Check proper box): New Well [ ] Recompletion [ ] Change in Ownership [ ]

Change in Transporter of: Oil [ ] Casinghead Gas [ ] Dry Gas [ ] Condensate [ ]

Other (Please explain):

If change of ownership give name and address of previous owner ______

UNDESIGNATED

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Baetz Federal	1	~~Bluitt San Andres~~ ~~East Bluitt San Andres~~ Bluitt-San Andres Associated	Federal	NM 044216

Location: Unit Letter G ; 1980 Feet From The North Line and 1980 Feet From The East

Line of Section 13 Township 8 South Range 37 East, NMPM, Roosevelt County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
~~Mobil Oil Corp. Trucks~~	Western Oil Transportation Company Inc. P.O. Box 725, Hobbs, New Mexico 88240

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
Cities Service	Cities Service Co. Plant Milnesands, NM

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	13	8S	37E	No	As soon as possible

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.
12-11-68	12-26-68	5050	4728

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3,999.4 Gr.4,010	San Andres	4647	4599

Perforations: 14 Holes 4647, 4649, 4655, 4655½, 4661, 4661½, 4667, 4667½, 4671, 4671½, 4675, 4675½, 4679, 4679½.

Depth Casing Shoe: 4783'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8 24#	309	150
7 7/8	4 1/2 9.5#	4793	200
	2 3/8 EUE	4599	

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)*

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-26-68	12-27-68	Flow	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 Hours	180#	-0-	20/64
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
171	171	0	131

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.

Eddie J. [signature]
(Signature)

Production Superintendent
(Title)

12-27-68
(Date)

OIL CONSERVATION COMMISSION

APPROVED ______, 19 ____

BY [signature]

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.

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I.
Operator

Address

Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease State, Federal or Fee | Lease No.
Location
Unit Letter ____ : ____ Feet From The ____ Line and ____ Feet From The
Line of Section ____ Township ____ Range ____ , NMPM, ____ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ | Address (Give address to which approved copy of this form is to be sent)
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 | Sec. | Twp. | Rge. | Is gas actually connected? | 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 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 (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)

OIL WELL

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.

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED ____________________ , 19 ______

BY ____________________

TITLE ____________________

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