

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND HOBBS OFFICE O. & G.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator
Roden Oil Company

Address
P. O. Box 767, Midland, Texas 79701

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 Roden Bluitt Federal	Well No. 2	Pool Name, Including Formation Undesignated	Kind of Lease State, Federal or Fee Federal	Lease No. NMO44263
Location Unit Letter D ; 660 Feet From The West Line and 510 Feet From The North Line of Section 19 Township 8-S Range 38-E , NMPM, 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"/> Mobil Oil Corp. - Trucks	Address (Give address to which approved copy of this form is to be sent) Western Oil Transportation Co., Inc. P. O. Box 725, Hobbs, New Mexico-88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Vented	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 E	Sec. 18	Twp. 8-S	Rge. 38-E	Is gas actually connected? No	When As soon as possible

If this production is commingled with that from any other lease or pool, give commingling order number: **None**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XXX	Gas Well	New Well XXX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-4-69	Date Compl. Ready to Prod. 4-18-69	Total Depth 4770'		P.B.T.D. 4739'				
Elevations (DF, RKB, RT, GR, etc.) 4010.2' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4717'		Tubing Depth 4703'				
Perforations Eleven perforations at selected intervals 4717' to 4737'				Depth Casing Shoe --				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8-5/8"		345'		200 Class "A", 2% cacl			
7-7/8"	5-1/2"		4770'		275 50/50 Posmix			
--	2-3/8"		4703'		--			

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 4-22-69	Date of Test 4-28-69	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 320	Casing Pressure Packer	Choke Size 1/4"
Actual Prod. During Test	Oil - Bbls. 240	Water - Bbls. None	Gas - MCF 150

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.

(Signature)

Production Engineer

(Title)

April 30, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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.