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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

Form C-104
Supersedes Old C-101 and C-1
Effective 1-1-65

Operator C & K Petroleum, Inc.	
Address P.O. Drawer 3546, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐	Oil ☒ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Other (Please explain) International Crude Corp. will start transporting crude as of 6-1-82.	

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

DESCRIPTION OF WELL AND LEASE

Lease Name Shell Cone-Partin	Well No. 2	Pool Name, including Formation Chaveroo (San Andres)	Kind of Lease State, Federal or Fee	State State
Location Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East Line of Section 35 Township 7-S Range 32-E, NMFM, Roosevelt County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ International Crude Corporation	Address (Give address to which approved copy of this form is to be sent) 2454 Industrial Blvd., Abilene, Texas 75221					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ None	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 I	Sec. 35	Twp. 7-S	Rge. 32-E	Is gas actually connected? No.	When ---

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'n.	Unit, Re'n.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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

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/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Marita R. Heier
(Signature)

Senior Production Clerk

(Title)

May 26, 1982

(Date)

OIL CONSERVATION COMMISSION

MAY 28 1982

APPROVED _____, 19

ORIGINAL SIGNED BY

BY JERRY SEXTON

TITLE DISTRICT 1 SUPR

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 available tests taken on the well in accordance with RULE 111.

All portions 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 name, well name or number, or transporter, or other such change of conditions.

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MAY 27 1982

G.C.D.
HOBBS OFFICE