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Appropriate District Office  
**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

# **OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

## **REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Well API No.  
30-41-20267

**I. OPERATOR**  
Operator: **Okie Crude Company**  
Address: **415 Mid-Continent Tower, Tulsa, Oklahoma 74103 (918) 582-2594**  
Reason(s) for Filing (Check proper box):  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐  
If change of operator give name and address of previous operator

## **II. DESCRIPTION OF WELL AND LEASE**

Lease Name: **N. M. (54) Federal** Well No.: **1** Pool Name, including Formation: **Vada (Penn)** Kind of Lease: **State, Federal or Fee** Lease No.: **0272961**  
Location: Unit Letter **J** 1980 Feet From The **East** Line and 1980 Feet From The **South** Line  
Section **27** Township **8S** Range **36E** NMPM **Roosevelt** County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Enron Oil Trading & Transportation** Address (Give address to which approved copy of this form is to be sent): **P.O. Box 10607, Midland, TX 79702**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**Trident NGL, Inc.** Address (Give address to which approved copy of this form is to be sent): **P.O. Box 50250, Midland, TX 79710**  
If well produces oil or liquids, give location of tanks: Unit **G** Sec. **27** Twp. **8S** Rge. **36E** Is gas actually connected? **Yes** When? **11/17/70**

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

<b>GAS WELL</b>			
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. OPERATOR CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: Jill S. Fryer  
Printed Name: **Jill S. Fryer** Title: **Secretary**  
Date: **11/4/92** Telephone No.: **918-582-2594**

## **OIL CONSERVATION DIVISION**

NOV 09 '92

Date Approved

By: **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**  
Title

## **INSTRUCTIONS: This form is to be filed in compliance with Rule 1104**

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation logs taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II
- 4) Separate Form C-104 must be filed for wells requiring change of name or number, transporter, or other such changes.

Post-It™ brand fax transmittal memo 7671 # of pages: **1**

To	From
Co. <b>new# ? - no -</b>	Co. <b>Man</b>
Dept.	Phone #
Fax #	Fax #