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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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-1  
Effective 1-1-65

I.

Operator		Production Engineering Company, Inc.	
Address		901 V & J Tower Midland, Texas 79701	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Casinghead Gas Must Not Be	
Recompletion	<input type="checkbox"/>	Placed After 12/1/72	
Change in Ownership	<input type="checkbox"/>	Without an Exception to R-4070	
Change in Transporter of:		Is Obtained.	
Oil	<input type="checkbox"/>		
Casinghead Gas	<input type="checkbox"/>		
Dry Gas	<input type="checkbox"/>		
Condensate	<input type="checkbox"/>		

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	Lease No.
Citgo-State	1	Bluitt San Andres	State, Federal or Fee State	K-4128
Location				
Unit Letter	M	766 Feet From The	South Line and	554 Feet From The
West				
Line of Section	16	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"/>	Address (Give address to which approved copy of this form is to be sent)
Mobil Oil Corporation				Box 633 Midland, Texas
Name of Authorized Transporter of Casinghead 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)
Cities Service Oil Company				Vaughn Bldg. Midland, Texas
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	I	16	8-S	38-E
Is gas actually connected?	no	When	Requesting	

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.
	<input checked="" type="checkbox"/>							
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
6-13-72	6-31-72		4825		4801			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3989 Gr.	San Andres		4775		4780			
Perforations					Depth Casing Shoe			
4781-4787 and 4795-4798					4820			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8		350		150 sx. Circ.			
7 7/8	4 1/2		4820		250 sx.			

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.)	
10-1-72	10-1-72	pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	0	0	none
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
20 bbls.	20 bbls.	0	9.0

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.

Malcolm R Mac Curdy  
(Signature)  
President  
(Title)  
10-16-72  
(Date)

OIL CONSERVATION COMMISSION  
OCT 19 1972  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY John J. Kline  
TITLE SUPERVISOR DISTRICT I

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.