

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
SANTA FE		REQUEST FOR ALLOWABLE		Superseding Old C-104 and C-111	
FILE		AND		Effective 1-1-65	
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL GAS			
OPERATOR					
PRODUCTION OFFICE					

Operator
TED WEINER OIL PROPERTIES
Address
P. O. Box 12819, Fort Worth, Texas 76116
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)
Change of Operator Name

If change of ownership give name and address of previous owner **TED WEINER OIL PROPERTIES TRUST**

DESCRIPTION OF WELL AND LEASE
Lease Name **U.S.A.** Well No. **1** Pool Name, including Formation **Bluitt San Andres Assoc** Kind of Lease **Federal** NM Case No. **0408232**
Location
Unit Letter **I** : **1980** Feet From The **south** Line and **660** Feet From The **east**
Line of Section **7** Township **8-S** Range **38-E** NMPM, **Roosevelt** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Mobil Oil Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 900, Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Cities Service Oil Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 300, Tulsa, Oklahoma 76102
If well produces oil or liquids, give location of tanks. Unit **I** Sec. **7** Twp. **8-S** Rge. **38-E** Is gas actually connected? **Pending** 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 ☐ Staircase Rest. ☐ Full Rest.
Date Spudded Date Compl. Ready to Prod. Total Depth P.D.T.D.
Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe

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/MMCF 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.
Neil R. John
(Signature)
Assistant General Manager
(Title)
May 11, 1977
(Date)
OIL CONSERVATION COMMISSION
APPROVED **MAY 25 1977**, 19
BY **Jerry Sexton**
Orig. Signed by
Dist 1, Supv.
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 daylight 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.

RECEIVED

MAY 2 1977

C. CONSERVATION COMM.
HOBBS, N. H.