

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-110
Effective 1-1-65
MAR 2 11 42 AM '65

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SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL
<input type="checkbox"/> GAS
OPERATOR
PRODUCTION OFFICE

I. General

Reason for Filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Transporter <input type="checkbox"/>	Oil <input type="checkbox"/>	Oil <input type="checkbox"/>
Transporter <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
<u>Tabaco Company</u>	<u>1</u>	<u>Tabaco Formation</u>	State, Federal or Fee

Location

Section 10 Feet From The South Line and 1000 Feet From The East Line

Range 90N, Township 10N, NMPM, County Chavez

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Tabaco Company</u>	<u>1000 E. 1st St. Santa Fe, N.M.</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquid, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>10</u>	<u>10</u>	<u>90N</u>	<u>10E</u>	<u>Yes</u>	<u>March 1, 1965</u>

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'tv.	Diff. Res'tv.
<u>X</u>								

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u>2-1-65</u>	<u>2-1-65</u>	<u>3000</u>	

Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
<u>Tabaco</u>	<u>2995</u>	<u>2995</u>

Perforations	Depth Casing Shoe
<u>2995-3000</u>	<u>2995</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>8 1/2"</u>	<u>5 1/2"</u>	<u>3000</u>	
	<u>4 1/2"</u>	<u>2995</u>	
	<u>3 1/2"</u>	<u>2995</u>	
	<u>2 3/4"</u>	<u>2995</u>	

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)

Test Type (Flow, Back, etc.)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
<u>Flow</u>	<u>2-1-65</u>	<u>Flow</u>

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>12</u>	<u>100</u>	<u>100</u>	<u>1/2"</u>

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MMCF
<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>

GAS WELL

Actual Prod. Test-MMCF	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>100</u>	<u>12</u>	<u>100</u>	<u>100</u>

Producing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
<u>Flow</u>	<u>100</u>	<u>100</u>	<u>1/2"</u>

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.

A. D. Fretches
(Signature)

Oil Conservation Supervisor
(Title)

2-1-65
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

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 Sections I, II, III, and VI only 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.