

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

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

I. Operator
Signal Oil and Gas Company
Address
509 West Texas Avenue, Midland, Texas 79704
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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 30 (#E-8253)	Well No. 4	Pool Name, Including Formation Tobae (Penn.)	Kind of Lease State, Federal or Fee State
Location Unit Letter E ; 1880 Feet From The North Line and 560' Feet From The West Line of Section 30 , Township 8-S , Range 33-E , NMPM, Chaves 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"/> Magnolia Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Capitan, Inc.	Address (Give address to which approved copy of this form is to be sent) 3707 Rawlins Avenue, Dallas 19, Texas
If well produces oil or liquids, give location of tanks. Unit D Sec. 29 Twp. 8-S Rge. 33-E	Is gas actually connected? Yes When 9-11-64

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

CTB-122

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-22-65	Date Compl. Ready to Prod. 5-1-65	Total Depth 9110'	P.B.T.D.					
Pool Tobae (Penn.)	Name of Producing Formation Bough "C"	Top Oil/Gas Pay 9049'	Tubing Depth 9093'					
Perforations 9049'-52'; 9060'-67'	Depth Casing Shoe 9110'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 15" 9-7/8" 6-3/4"	CASING & TUBING SIZE 10-3/4" 7-5/8" 4-1/2"	DEPTH SET 376' 3655' 9110'	SACKS CEMENT 260 300 300					

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 5-1-65	Date of Test 5-16-65	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure 1200#	Casing Pressure 104	Choke Size - -
Actual Prod. During Test 134	Oil - Bbls. 110	Water - Bbls. 24	Gas - MCF 66

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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 is true and complete to the best of my knowledge and belief.


(Signature) **D. J. Delany**
Production Engineer
(Title)
5-18-65
(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.