

| | |
|-------------------|------------|
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL GAS |
| OPERATOR | |
| PRODUCTION 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-110
Effective 1-1-65

JUL 5 8 11 AM '66

CATE

| | |
|---|----------------------------|
| 1. NAME | |
| Company | Company |
| Address | |
| P. O. Box 1797, Midland, Texas | |
| Reason(s) for filing (Check proper box) | |
| New Well | Refractured Transporter on |
| Recompletion | Oil |
| Change in Ownership | Casinghead Gas |
| | Dry Gas |
| | Condensate |

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 |
| State 5-8-33 New Mexico 5114 | 2 Chiswick San Andres | State, Federal or Fee State |
| Location | | |
| Unit Letter A | 660 Feet From The North | Line and 660 Feet From The East |
| Line of Section 5 | 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"/> | Address (Give address to which approved copy of this form is to be sent) |
| Magnolia Pipeline | P.O. Box 900, Dallas, Texas |
| 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) |
| Capitan, Inc. | P. O. Box 19593, Dallas, Texas |
| Is well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Range Is gas actually connected? When |
| C 5 6-S 33-E | Yes 6-17-66 |

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. | | | | | |
| Pool | 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 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 (pitot, back pr.) | Tubing Pressure | Casing Pressure | 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.H. H. Brown (Signature)
District Superintendent
(Title)June 28, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED

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BY

Leslie A. Clements

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 allow-
able 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.