

NAME OF OPERATOR	
DISTRIBUTION	
RANGE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTATION	
OIL	
NATURAL GAS	
OPERATOR	
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Gene Milford	
Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: ☒ Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐	Effective 12/15/79

If change of ownership give name and address of previous owner.

DESCRIPTION OF WELL AND LEASE				NM-071955	
Lease Name Smith Federal	Well No. 2	Pool Name, including Formation Cato San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. Above	
Location					
Unit Letter E	1980	Feet From The North	Line and 660	Feet From The West	
Line of Section 13	Township 8 S	Range 30 E	NMPH, Chaves		County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil ☒ or Condensate ☐			Address (Give address to which approved copy of this form is to be sent)		
Mobil Oil Company by Trucks			Box 900, Dallas, Texas 75221		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐			Address (Give address to which approved copy of this form is to be sent)		
Cities Service Company			Box 300, Tulsa, Oklahoma 74103		
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 13	Twp. 8S	Rge. 30E	Is gas actually connected? Yes When August 1968

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug back	Same Res'y.	Diff. Res'y.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.P.D.				
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing Depth				
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		BACKS 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/MCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

ORIG. SIGNED BY: DONNA HOLLEK

(Signature)
Agent

(Title)
January 9, 1980

(Date)

OIL CONSERVATION DIVISION

JAN 10 1980

APPROVED _____, 19____

BY **Orig. Signed by**
Les Clements
Oil & Gas Insp.

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 logs 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.