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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
Superseding Old C-104 and C-105
Effective 1-1-65

Operator

Eldon D. Young Jr. & Mike D. Willingham

Address

P. O. Box 1378 Hobbs, New Mexico 88240

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

Cockrell Corp. 999 The Main Building, Houston, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name Occidental-Federal	Well No. 1	Pool Name, Inc. or Lease Formation Wildcat - Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM 8255
Location Unit Letter A : 660 Feet From The East Line and 660 Feet From The North Line of Section 22 Township 14S Range 30 E , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Oil Processing	Address (Give address to which approved copy of this form is to be sent) Box 226, Monument, New Mexico 88265			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Cabot Corp	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 22	Twp. 14S	Rge. 30E
Is gas actually connected?		When		
Yes		December, 1977		

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	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/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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Mike D. Willingham

Eldon D. Young Jr

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

1981

19

BY

Only Signed by

Jerry Sexton

TITLE

Dist. 1, Supv

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 deviate 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 conditions.