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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
Supersedes Old C-104 and C-1
Effective 1-1-65

I. OPERATOR
Operator
MORANCO
Address
P. O. Box 1860, Hobbs, NM 88240
Reason(s) for filing (check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Continuing Gas ☐ Condensate ☐
Other (Please explain)
Change of transporter effective May 21, 1979

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Western Reserves '32' State** Well No. **3** Pool Name, including Formation **Tom-Tom (San Andres)** Kind of Lease **State, Federal or Fee State** Lease No. **L-5119**
Location
Unit Letter **O** : **990** Feet From The **South** Line and **1650** Feet From The **East**
Line of Section **32** Township **7S** Range **31E** , NMPM, **Chaves** County

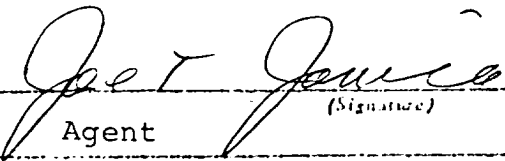
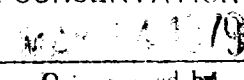
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Koch Oil Company Address (Give address to which approved copy of this form is to be sent)
Box 1558, Breckenridge, TX 76024
Name of Authorized Transporter of Continuing Gas ☐ or Dry Gas ☐
Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit **P** Sec. **32** Twp. **7S** Rge. **31E** Is gas actually connected? **No** When

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.D.T.D.
Elevations (DP, RKB, RT, GA, 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 SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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 Testing 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 (flow, shut-in) Testing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

V. 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.

Agent (Signature)
5-11-79
(Date)
OIL CONSERVATION COMMISSION
APPROVED , 19
BY **Jerry Sexton**
Dist 1, Supv.
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 available data taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.