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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supersedes Old C-104 and C-110

SANTA FE	REQUEST F	OR ALLOWABLE	Effective 1-1-65	
FILE	AUTUODIZATION TO TRAN	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
U.S.G.S.	- AUTHORIZATION TO TRAN	AUT OR I OIL AND HATORAL C		
LAND OFFICE OIL	-	- · ·	•	
TRANSPORTER GAS	_			
OPERATOR	 			
PRORATION OFFICE				
Operator				
Petroleum Corpo	oration of Texas			
Address				
	Breckenridge, Texas			
Reason(s) for filing (Check proper bo	ox)	Other (Please explain)		
New Well .	Change in Transporter of:	Change of Oper	•	
Recompletion	Oil Dry Gas		1, 1965	
Change in Ownership	Casinghead Gas Condens	sate [_]		
If shows of apparehingive name				
If change of ownership give name and address of previous owner	Graridge Corporation,	P. O. Box 752, Breckenr	idge, Texas	
•				
DESCRIPTION OF WELL AND	LEASE Well No. Pool Nam	ne, Including Formation	Kind of Lease	
\$	Tract III		State, Federal or Fee State	
North Caprock Queen U	Init No. 1 3 Capi	rock Queen Lea	<u> </u>	
Location	Nombh	and 1980 Feet From	The West	
Unit Letter C; 66	Feet From The North Line	e and 1900 reet from	The West	
6 7	Township 13S Range	32E , NMPM, Le	a County	
Line of Section 6 T	ownship 135 Range			
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	s		
Name of Authorized Transporter of C	oil X or Condensate	Address (Givé address to which appro	wed copy of this form is to be sent)	
Service Pipe Line		Box 337, Midland, T	exas	
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	Address (Give address to which appro	wed copy of this form is to be sent)	
None				
	Unit Sec. Twp. Rge.	Is gas actually connected? Wr	ien	
If well produces oil or liquids, give location of tanks.	A 6 13 32			
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
		CEMENTING RECORD	CACVE CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		6 and a final values of load of	l and must be equal to or exceed top all	
	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of total of opth or be for full 24 hours)	t and must be equal to or exceed top are	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
Bate : Mar iven earlier				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Long.				
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	
			Chaha Sign	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
		<u> </u>		
CERTIFICATE OF COMPLIANCE		OIL CONSERV	ATION COMMISSION	
			, 19	
I hereby certify that the rules a	nd regulations of the Oil Conservation			
Cission have been complie	d with and that the information given the best of my knowledge and belief.	B(r		
anove to time and complete to				
\sim		1		
1 51	1 1	This form is to be filed in	compliance with RULE 1104.	
Qual. W.	Mit	This form is to be filed in	n compliance with RULE 1104.	
Cuarles M.	Signature) Charles W. Smith	This form is to be filed in	owable for a newly drilled or deeper	

(Title)

(Date)

May 1, 1965

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.