|                   |       | _ |
|-------------------|-------|---|
| NO. OF COPIES REC | EIVED | _ |
| DISTRIBUTIO       | ОИ    |   |
| SANTA FE          |       | L |
| FILE              |       |   |
| U.S.G.S.          |       |   |
| LAND OFFICE       |       | Ī |
| TRANSPORTER       | OIL   | Ι |
|                   | GAS   |   |
| OPERATOR          |       |   |
| PRORATION OFFICE  |       |   |
|                   |       |   |

## NEW MEXICO OIL CONSERVATION COMMISSION

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

| SANTA FE   | REQUEST                                | FOR ALLOWABLE TO CO. G. C.   | Effective 1-1-65                         |  |
|--|--|--|--|--|
| FILE   |  | AND  |  |  |
| U.S.G.S.   | _ AUTHORIZATION TO TRA                 | INSPORT OIL AND NATHRAND   | <b>66</b>                                |  |
| LAND OFFICE  |  | שנו אטנ  |  |  |
| TRANSPORTER OIL  |  |  |  |  |
| GAS  |  |  |  |  |
| OPERATOR   |  |  |  |  |
| PRORATION OFFICE   |  |  |  |  |
| Operator ,   | fina Company of Texas                  |  |  |  |
|  |  |  |  |  |
| Address P O Row 1371   | Big Spring, Texas                      |  |  |  |
|  |  |  |  |  |
| Reason(s) for filing (Check proper bo  | x)                                     | Other (Please explain)   |  |  |
| New Well   | Change in Transporter of:              |  |  |  |
| Recompletion   | Oll Dry Go                             | ıs 🔲   |  |  |
| Change in Ownership X  | Casinghead Gas Conder                  | nsate  |  |  |
|  |  |  |  |  |
| If change of ownership give name and address of previous owner   | Petroleum Corporation of               | Texas, P. O. Box [51, 3  | Sreckenridge. Texas                      |  |
|  |  |  |  |  |
| I. DESCRIPTION OF WELL AND   |  |  |  |  |
| Lease Name Tract 19  | Well No. Pool Na                       | me, Including Formation  | Kind of Lease                            |  |
| North Caprock Queen Un   | nit No. 1 7 Ca                         | prock Queen Lea  | State, Federal or Fee State              |  |
| Location   |  |  |  |  |
| Unit Letter G ; 19   | 980 Feet From The North Lin            | se and 1980 Feet From  | The Bast                                 |  |
| J. 2011.   |  |  |  |  |
| Line of Section 6 To   | ownship 13S Range                      | 32E , NMPM,  | Lea County                               |  |
|  | 1.30                                   | <u> </u>   |  |  |
| I. DESIGNATION OF TRANSPOR   | TER OF OIL AND NATURAL GA              | AS   |  |  |
| Name of Authorized Transporter of Ci   |  | Address (Give address to which appro-  | ved copy of this form is to be sent)     |  |
|  | ine Company Amore Picelina C           | . [-7  |  |  |
| Name of Authorized Transporter of Co   | ssinghead Gas or Dry Gas               | Address (Give address to which appro-  | ved copy of this form is to be sent)     |  |
| None   |  |  | ·  |  |
|  | Unit Sec. Twp. Rge.                    | Is gas actually connected? Who   | en e |  |
| If well produces oil or liquids, give location of tanks.   |  |  |  |  |
|  |  | <u> </u>   |  |  |
| If this production is commingled w   | ith that from any other lease or pool, | give commingling order number:   |  |  |
| V. COMPLETION DATA   | Oil Well Gas Well                      | New Well Workover Deepen   | Plug Back Same Res'v. Diff. Res'v.       |  |
| Designate Type of Completi   |  | Notice Bespon  | Truy Back Same res vi Bill risk vi       |  |
|  |  | Trans Dank   | P.B.T.D.                                 |  |
| Date Spudded   | Date Compl. Ready to Prod.             | Total Depth  | P.B.1.D.                                 |  |
|  |  |  |  |  |
| Pool   | Name of Producing Formation            | Top Oil/Gas Pay  | Tubing Depth                             |  |
|  |  |  |  |  |
| Perforations   |  |  | Depth Casing Shoe                        |  |
|  |  |  |  |  |
|  | TUBING, CASING, ANI                    | CEMENTING RECORD   | 1  |  |
| HOLE SIZE  | CASING & TUBING SIZE                   | DEPTH SET  | SACKS CEMENT                             |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | <u> </u>                                 |  |
| V. TEST DATA AND REQUEST F   | FOR ALLOWABLE (Test must be a          | fter recovery of total volume of load oil  | and must be equal to or exceed top allow |  |
| OIL WELL   | able for this de                       | epth or be for full 24 hours)  |  |  |
| Date First New Oil Run To Tanks  | Date of Test                           | Producing Method (Flow, pump, gas li   | nt, etc.)                                |  |
|  |  |  |  |  |
| Length of Test   | Tubing Pressure                        | Casing Pressure  | Choke Size                               |  |
|  |  |  |  |  |
| Actual Prod. During Test   | Oil-Bbls.                              | Water-Bbis.  | 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                               |  |
|  |  |  |  |  |
| I. CERTIFICATE OF COMPLIAN   | ICE                                    | OIL CONSERVA   | TION COMMISSION                          |  |
| JENTILIONIE OF COMEDIAN  |  |  |  |  |
| Thombu continuation at a the color of  | regulations of the Oil Company         | APPROVED   | , 19                                     |  |
| Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. |  | La reserving to the control of the c |  |  |
|  |  | ВУ   |  |  |
|  |  | TITLE  |  |  |
| TITLE  |  | TITLE  |  |  |
| This form is to be filed in compliance with RULE   |  | compliance with RULE 1104.   |  |  |
| Mand Hay If this is a request for allowable for a newly drilled of   |  | vable for a newly drilled or deepened  |  |  |
| (Signature) David Day well, this form must be accompanied by a tabulation of the   |  | nied by a tabulation of the deviation  |  |  |
| Chief Pr   | oduction Clerk                         | 1)   |  |  |
|  | st be filled out completely for allow- |  |  |  |
| (T   | *****                                  | able on new and recompleted we   | 5115.                                    |  |

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

May 18, 1966
(Date)