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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND INCREASE OF O. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

APR 11 10 33 AM '66

I. Operator **Ashmun & Millard**
Address **710 Vaughn Building, Midland, Texas**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒
If change of ownership give name and address of previous owner **Sunray Mid-Continent Oil Co., Wilco Bldg., Midland, Texas**

II. DESCRIPTION OF WELL AND LEASE
Lease Name **O. S. Fulton** Lease No. **1** Well No. **2** Pool Name **Gladiola Wolfcamp** Kind of Lease **State, Federal, or Fee** **Fee**
Location **Unit Letter** **680** Feet From The **South** **1977** Feet From The **West**
6 **13-S** **38-S** **10** County
Line of Section Township Range

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ (Name of transporter to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ (Name of transporter to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. When

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

V. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded Date Compl. Ready to Prod. P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after 100 or 200 gal. 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 (Show, 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/MMCF Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size

VII. 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.
B. Ashmun (Signature)
Partner (Title)
4/4/66 (Date)
OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY **[Signature]**
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 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 condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells