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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

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
Original to: COO, Hobbs, New Mex.
cc: Regional Office
cc: file

Company: SINGULAR OIL & GAS COMPANY
Address: P. O. Box 1920, 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

I. DESCRIPTION OF WELL AND LEASE

Lease Name: Winkler Federal Lease No.: 5 Well No.: 5 Pool Name: Undesignated Kind of Lease: Federal
Location: Unit Letter: J 1920 Feet From The: South Line and: 1980 Feet From The: East
Line or Section: 28 Township: 8S Range: 30E Chaves County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: The Permian Corporation Address: P. O. Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas: None 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: J Sec: 28 Twp: 8S Rge: 30E Is gas actually connected? No

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

V. COMPLETION DATA

Designate Type of Completion - (X) Oil Well (x) Gas Well New Well (x) Workover Deepen Plug Back Same Rest. Diff. Rest.
Date Spudded: 10-11-67 Date Compl. Ready to Prod.: 10-17-67 Total Depth: 3570' P.B.T.D.: 3553'
Elevations (DF, RKB, RT, GR, etc.): Name of Pool: San Andres Top Oil/Gas Pay: 3443' Tubing Depth: 3336'
Perforations: 3443-45-47-48-49-51-55-59-63-64-65' Depth Casing Shoe: 3570'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12-1/4" 8-5/8"OD 278' 200 sks.
7-7/8" 4-1/2"OD 3570' 275 sks.

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: 10-17-67 Date of Test: 10-18-67 Producing Method (Flow, pump, gas lift, etc.): Flow
Length of Test: 10 hrs. Tubing Pressure: 200# Casing Pressure: 0# Choke Size: 24/64"
Actual Prod. During Test: 123 Oil-Bbls.: 93 bbls. Water-Bbls.: 30 bbls. Gas-MCF: 29

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:

VI. 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.

(Signature)
Superintendent
(Title)
October 18, 1967
(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.