

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Ols C-104 and C-1
Effective 1-1-65

DISTRIBUTION	
LAND OFFICE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Gas Producing Enterprises, Inc.
Address
P. O. Box 235, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Change in Oil Gas ☐ Condensate ☐
Change in Ownership ☒

If change of ownership give name and address of previous owner: Coastal States Gas Producing Company, P. O. Box 235, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name	State 27	1	Tulsa (Perm)	State, Federal or Free State	Lease No.
Location	Unit Letter H	1980	Feet From The north	Line and 660	Feet From The east
Line of Section	27	Township 14-S	Range 32-E	Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	The Permian Corporation	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Gas ☒ or Dry Gas ☐	Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 1589, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	D 26 14-S 37-E	Is gas actually transported? 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	Side Rest.	Diff. Rest.
Date Spudded	Date Cement Ready to Prod.	Total Depth	P.B., T.D.					
Elevations (D.F., RKB, RT, Gb, etc.)	Name of Producing Formation	Top of Gas or Oil	Testing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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)

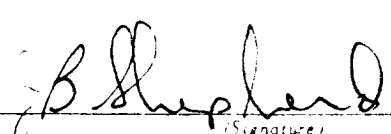
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

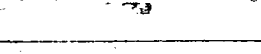
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.


District Production Superintendent
(Title)
June 25, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED  19
BY 
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 O-104 must be filed for each pool in multiple